

File 5: Biosis Previews 1969-2003/Oct W3  
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Set	Items	Description
S1	18746	AU=(MARTIN, P? OR MARTIN P? OR THOMPSON, B? OR THOMPSON B?)
S2	61043	(CLEARINGHOUSE? OR CLEARING()HOUSE? OR CENTRALIZ? OR CENTRALIS? OR OUTSOURC? OR THIRD() (PARTY OR PARTIES) OR INTERMEDIAR? OR AFFILIATE OR AFFILIATES)
S3	2364	(COLLECT? OR PAYMENT? OR BILLING?) (3N) (FEE OR FEES OR COMPENSATION?)
S4	772824	(MEDICAL OR HEALTH OR HEALTHCARE? OR HEALTH()CARE? OR LEGAL) (1W) (PROVIDER? OR SUBSCRIBER? OR SERVICE?) OR PRACTITIONER? OR PHYSICIAN OR DOCTOR OR DOCTORS
S5	1240	S2 (5N) (DISTRIBUT? OR DELIVER? OR SEND OR SENDS OR SENDING)
S6	0	AOM?() (OPEN? OR START()UP?)
S7	270	S1 AND (S3 OR S4)
S8	1	S7 AND S2
S9	70	S2 AND S3
S10	34	S9 AND S4
S11	25	S10 NOT PY>1999
S12	25	S11 NOT S8
S13	20	RD (unique items)
S14	106	S5 AND S4
S15	6	S14 AND (FEE OR FEES OR COMPENSATION?)
S16	6	S15 NOT (S8 OR S13)
S17	6	S16 NOT PY>1999
S18	5	RD (unique items)

8/5/1 (Item 1 from File: 155)

DIALOG(R) File 155:MEDLINE(R)

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03172521 80126374 PMID: 10245648

**Productivity and efficiency in human service organizations as related to structure, size, and age.**

Glisson C A; **Martin P Y**

Academy of Management journal. Academy of Management (UNITED STATES)

Mar 1980, 23 (1) p21-37, ISSN 0001-4273 Journal Code: 7703609

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: Completed

Subfile: Health Administration

A study of the relationship of productivity and efficiency to the organization's structure, size, and age (or "time") indicated that a highly **centralized** authority structure is the most powerful direct determinant of productivity and efficiency. Conclusions focus on the pervasive conflict between quality and quantity of services delivered and the implications of this for the human service administrator.

Tags: Human

Descriptors: Efficiency; \* **Health Services** Administration; \* **Health Services** Research; Decision Making; Employment; Models, Theoretical; Statistics; Systems Analysis; Time Factors; United States

Record Date Created: 19800425

Record Date Completed: 19800425

13/5/1 (Item 1 from file: 73)  
DIALOG(R)File 73:EMBASE  
(c) 2003 Elsevier Science B.V. All rts. reserv.

07863801 EMBASE No: 1999344181

**Financial analysis in dialysis centers: An RBRVS approach**

Liberman A.; Rotarius T.M.

Dr. A. Liberman, Dept. of Hlth. Prof./Phys. Therapy, College of Health/Public Affairs, University of Central Florida, Orlando, FL United States

Dialysis and Transplantation ( DIAL. TRANSPLANT. ) (United States) 1999  
28/10 (570-573+605)

CODEN: DLTPA ISSN: 0090-2934

DOCUMENT TYPE: Journal; Review

LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH

NUMBER OF REFERENCES: 2

Traditional approaches to financial management do not address present-day challenges posed by the limits on Medicare and other **third - party** reimbursements, nor do they address the ever-present and growing requirements of accountability for patient billings. The Resource-Based Relative Value Scales (RBRVS) - also known as the **Physician** Payment Reform Provisions - were enacted by Congress in 1989 as part of a decade-long effort to revamp Medicare Part B pay-merits for outpatient services. RBRVS affords **healthcare providers** a unique opportunity to conduct financial and performance comparisons between organizations of varying size and administrative complexity, and to establish a consistent financial analysis mechanism, the use of which is limited only by the ability of the provider organization to access the necessary data.

MEDICAL DESCRIPTORS:

\*financial management; \*hemodialysis; \*reimbursement  
medicare; accounting; hospital **billing** ; medical **fee** ; law; health care policy; health insurance; government; health care organization; review; priority journal

SECTION HEADINGS:

028 Urology and Nephrology

036 Health Policy, Economics and Management

13/5/2 (Item 2 from file: 73)

DIALOG(R)File 73:EMBASE  
(c) 2003 Elsevier Science B.V. All rts. reserv.

06044249 EMBASE No: 1995074518

**Point-of-care versus central laboratory testing: An economic analysis in an Academic Medical Center**

Tsai W.W.; Nash D.B.; Seamonds B.; Weir G.J.

Office of Health Policy, Clinical Outcomes, Thomas Jefferson University, 1015 Walnut St., Philadelphia, PA 19107 United States

Clinical Therapeutics ( CLIN. THER. ) (United States) 1994, 16/5  
(898-910)

CODEN: CLTHD ISSN: 0149-2918

DOCUMENT TYPE: Journal; Article

LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH

A cost-effectiveness study was conducted to determine time and labor costs for point-of-care (POC) versus central laboratory testing. A prospective, observational time and motion study was carried out at a teaching hospital located in Philadelphia, Pennsylvania. The cohort consisted of 210 patients presenting to the emergency department who were triaged at the urgent or emergent level during a 4-week period. Patients who had blood drawn for a seven-chemistry profile (Chem-7), which includes analysis of sodium, potassium, chloride, carbon dioxide, blood urea nitrogen, glucose, and creatinine, or for cell blood count (CBC) tests as

part of regular care, also had an additional split sample drawn for POC analysis of sodium, potassium, chloride, blood urea nitrogen, glucose, and/or hematocrit. Blood drawn for POC analysis did not require additional needlestick(s), nor did it alter regular care procedures. Physicians and all emergency department staff participating in the care of the patients were blinded to POC test results. Main outcome measures included test turnaround time (TAT), **physician** determination of impact of rapid TAT and laboratory values on therapeutic approach, and cost per test for POC versus central laboratory testing. POC TAT was a mean of 8 minutes (time from blood drawn to results shown on the POC device display). Central laboratory TAT was a mean of 59 minutes (time from blood drawn to entry of results into mainframe computer). Therapeutic TAT was a mean of 1 hour and 25 minutes (time from blood drawn to analysis in central laboratory, to when the **physician** viewed test results). After therapeutic course of care was decided for the patient, physicians reported that POC testing, independent of other rate-limiting steps, would have resulted in earlier therapeutic action for 40 of 210 (19.0%) patients. The cost per test for Chem-7 and CBC tests was \$11.14 and \$9.48, respectively. The cost per test for POC analysis ranged from \$14.37 to \$16.67, depending on the POC test volume (estimated volume based on 20% to 50% of emergency department patients that had either Chem-7 or CBC test done applied over the useful life of the POC testing equipment) and the personnel (nurse or emergency department technician) who performed the test. With an increasing volume of POC tests performed per unit time, costs for POC testing would be reduced substantially. POC test costs are volume dependent under current reimbursement mechanisms for emergency department patient care services, for example, **fee -for-service payment**. Costs for POC tests versus comparable central laboratory assays do not account for emergency department throughput efficiency benefits, such as faster TAT and shortened length of stay. From a clinical management perspective, patient consumer issues such as expectations for timely and efficient **health services** delivery and earlier **physician** decisions on course of care suggest that selective use of POC testing in the emergency department can result in long-standing cost savings to the hospital.

#### DRUG DESCRIPTORS:

carbon dioxide--endogenous compound--ec; chloride--endogenous compound--ec; creatinine--endogenous compound--ec; glucose--endogenous compound--ec; potassium--endogenous compound--ec; sodium--endogenous compound--ec; urea --endogenous compound--ec

#### MEDICAL DESCRIPTORS:

\*cost effectiveness analysis; \*laboratory test article; blood cell count; blood chemistry; **centralization** ; controlled study; hematocrit; human; teaching hospital

CAS REGISTRY NO.: 124-38-9, 58561-67-4 (carbon dioxide); 16887-00-6 (chloride); 19230-81-0, 60-27-5 (creatinine); 50-99-7, 84778-64-3 (glucose); 7440-09-7 (potassium); 7440-23-5 (sodium); 57-13-6 (urea)

#### SECTION HEADINGS:

- 029 Clinical and Experimental Biochemistry
- 036 Health Policy, Economics and Management

13/5/3 (Item 3 from file: 73)

DIALOG(R)File 73:EMBASE

(c) 2003 Elsevier Science B.V. All rts. reserv.

05058497 EMBASE No: 1992198713

**The impact of health care financing on childhood immunization practices**  
Arnold P.J.; Schlenker T.L.

School of Business Administration, University of Wisconsin, Milwaukee, WI  
United States

American Journal of Diseases of Children ( AM. J. DIS. CHILD. ) (United States) 1992, 146/6 (728-732)

CODEN: AJDCA ISSN: 0002-922X

DOCUMENT TYPE: Journal; Article

Objective. - To examine the impact of patient insurance status and **third party** payment methods on **physician** immunization practices. Design. - Family practice physicians and pediatricians were surveyed to determine whether differences existed in office immunization practices for five childhood vaccines across insurance and payment classes. Setting. - Milwaukee, Wis. Participants. - Of 202 Milwaukee area physicians who administer immunizations routinely, 161 (79.7%) returned the questionnaire. Results. - Physicians reported immunizing uninsured patients in their offices less often than patients with insurance. When insurance does not pay for immunizations, most physicians (81.6%) said that they left the decision of whether to pay for private immunizations or seek free immunizations from the city health department to the family. Physicians estimated that approximately half of their uninsured patients decline private immunizations. Some physicians (20%) who treat patients receiving Medicaid reported that they immunize patients with Title 19 coverage less often than patients with other types of insurance. No significant differences in frequency of immunization were reported for patients insured by capitated- **payment** health maintenance organizations, **fee** -for-service health maintenance organizations, or traditional insurance covering immunizations. Conclusions. - Physicians reported that they do not immunize uninsured and underinsured children as frequently as insured children. Further research is recommended to evaluate the impact of Medicaid enrollment on access to immunization and to develop innovative financing arrangements to ensure that no children leave their physicians' offices without being immunized.

MEDICAL DESCRIPTORS:

\*health care financing; \*health insurance; \*immunization  
article; health care access; health care cost; health care delivery; health care policy; health maintenance organization; human; medicaid; medical practice; priority journal

SECTION HEADINGS:

007 Pediatrics and Pediatric Surgery  
036 Health Policy, Economics and Management

13/5/4 (Item 4 from file: 73)

DIALOG(R)File 73:EMBASE

(c) 2003 Elsevier Science B.V. All rts. reserv.

04396310 EMBASE No: 1990284402

**The impact of the fee-for-service reimbursement system on the utilisation of health services . Part I. A review of the determinants of doctors ' practice patterns**

Broomberg J.; Price M.R.

Centre for the Study of Health Policy, Department of Community Health,  
University of the Witwatersrand, Johannesburg South Africa  
South African Medical Journal ( S. AFR. MED. J. ) (South Africa) 1990,  
78/3 (130-132)

CODEN: SAMJA ISSN: 0038-2469

DOCUMENT TYPE: Journal; Review

LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH

The impact of different methods of reimbursement on the practice patterns of **doctors** has received little attention in the local literature. This series of three papers attempts to address this gap. Here the international evidence on this issue is reviewed. The 'information gap' between **doctors** and their patients allows **doctors** to induce demand for their services. This leads to the potential for **doctors** to increase the supply of services when they stand to gain financially from doing so, as is the case in the fee-for-service system. There is extensive international evidence, at both national and microlevels, of the link between increased utilisation and the **fee** -for-service **payment** system. This is in contrast with the

pattern noted in the salary system, used in some health maintenance organisations (HMOs) in the USA, or in the capitation system, used in the British National Health Service. The 'practice setting' in which **doctors** operate also affects patterns of practice. In the local fee-for-service sector, 'third - party payment' means that both **doctors** and patients have little awareness of the direct costs of services. In other systems, such as HMOs, there is a strong cost consciousness on the part of **practitioners**. These differences in practice setting account in part for the different patterns of utilisation in these systems. The fee-for-service system, as it is structured in South Africa, thus leads to extreme inefficiency, and the development of alternatives is becoming an urgent necessity. All systems of reimbursement have certain problems, and some combination may be the best solution.

MEDICAL DESCRIPTORS:

\*health care utilization; \*medical fee; \*reimbursement  
economic aspect; review; priority journal

SECTION HEADINGS:

036 Health Policy, Economics and Management

13/5/5 (Item 5 from file: 73)

DIALOG(R)File 73:EMBASE

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02757323 EMBASE No: 1984026282

**Payment for physicians' services**

Connecticut Medicine ( CONN. MED. ) (United States) 1983, 47/10  
(633-641)

CODEN: CNMEA

DOCUMENT TYPE: Journal

LANGUAGE: ENGLISH

In the context of heightened concern about acceleration in health care spending, and with exploration of alternatives to retrospective cost reimbursement for hospitals underway, increased attention is also being given by government, private payors and the profession to the alternative methods under which payment can be made for physicians' services; and to the impact of each on the quality, accessibility, and costs of medical care. This report will address two major issues: Whether present Association policy on the general subject of payment for **physician** services continues to be appropriate in the context of the three basic approaches to such **payment** - **fee** -for-service, 'capitation' and salary. Whether, with specific reference to the 'fee-for-service' approach, current and future problems resulting from use of the UCR concept to establish the amount of **third party** payment for **physician** services might be remedied by change to an indemnity-based system for such **third party** payment. (Such indemnity payments would represent a schedule, with the **physician** charging the patient what he believes to be a fair and equitable fee.)

MEDICAL DESCRIPTORS:

\*medical **fee** ; \* **physician** ; \*prospective **payment** ; \*reimbursement  
united states; short survey; methodology; economic aspect; organization and management; human

SECTION HEADINGS:

036 Health Policy, Economics and Management

13/5/6 (Item 6 from file: 73)

DIALOG(R)File 73:EMBASE

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02729874 EMBASE No: 1984098833

**How can PPOs control prices without violating antitrust laws?**

•Fried J.M.

McDermott Will & Emery, Boston, MA United States  
Hospital Progress ( HOSP. PROG. ) (United States) 1984, 65/3 (34-37)  
CODEN: HOPRA  
DOCUMENT TYPE: Journal  
LANGUAGE: ENGLISH

Preferred provider organizations (PPOs) have caused concern because they raise the question whether providers can establish mechanisms to control the price of medical care without violating antitrust laws. The U.S. Supreme Court recently decided in Arizona v. Maricopa County Medical Society that the practices of a physicians' organization which set fee schedules by majority vote constituted price fixing because 'independent competing entrepreneurs' made the agreements. The decision implies that PPOs must carefully structure collective efforts to set prices in order to avoid unlawful agreement among competitors. To avoid antitrust exposure, hospitals may independently determine prices and contract individually with providers, or they may act as brokers for individual physicians, establishing fees and claims-processing procedures and then contracting with physicians who agree to these requirements. Setting fees independently may be difficult, however, since hospitals need to know what payment physicians will accept. Thus some **physician** involvement is probably inevitable. No antitrust liability results, however, if individual physicians are sampled in an information-gathering process but do not **collectively** set **fees**. In addition, a PPO that is structured as a partnership or other joint arrangement involving true risk sharing should withstand antitrust challenge. In recent business review letters, the Department of Justice approved two different PPO structures: A Hospital Corporation of America subsidiary would contract (nonexclusively) with providers, hospitals, and **third party** payers to treat the **third party** payers' beneficiaries at discounted rates. The charges would be negotiated individually with each **physician** and hospital. A management consultant firm would act as an **intermediary** between providers and **third party** payers, negotiating patient discounts but not participating in fee setting. A PPO need not be structured in every respect like these programs. Individual situations vary, and with sound antitrust advice, PPOs can avoid legal pitfalls.

MEDICAL DESCRIPTORS:

\*law; \*competition; \*health care; \*marketing  
united states; short survey; methodology; economic aspect; organization and management; legal aspect; nonhuman

SECTION HEADINGS:

036 Health Policy, Economics and Management

13/5/7 (Item 7 from file: 73)

DIALOG(R)File 73:EMBASE

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01499082 EMBASE No: 1979220417

**Private cost containment**

Havighurst C.C.; Hackbarth G.M.

Duke Univ. Sch. of Law, Durham, N.C. 27706 United States

New England Journal of Medicine ( NEW ENGL. J. MED. ) (United States)

1979, 300/23 (1298-1305)

CODEN: NEJMA

DOCUMENT TYPE: Journal

LANGUAGE: ENGLISH

Physicians should recognize that a more competitive health-care market would provide the best defense against government regulation. Aside from group-practice health-maintenance organizations, the cost-containment steps that might be taken in such a market are not well understood. In particular, little attention has been paid to how private health insurers

might redefine their coverage to limit the cost-increasing effects of **third - party** payment. Insurer-provider agreements negotiated in a competitive environment would seem to be especially promising. Competing insurance plans would be variously organized and operated according to provider and consumer preferences. Traditional **doctor** -patient relations as well as **fee -for-service payment** could be preserved. The antitrust laws, while curbing concerted effort to prevent change, should assure that physicians are not exploited by dominant buyers. Lucrative opportunities already exist for enterprising and efficient providers.

MEDICAL DESCRIPTORS:

\*cost effectiveness analysis; \* **doctor** patient relation; \*insurance united states; short survey; economic aspect; geographic distribution

SECTION HEADINGS:

017 Public Health, Social Medical and Epidemiology

036 Health Policy, Economics and Management

13/5/8 (Item 8 from file: 73)

DIALOG(R)File 73:EMBASE

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01113236 EMBASE No: 1978243238

**Payment for hospital services: Objectives and alternatives Health Manpower Policy Discussion Paper Series No. A 10, December 1976**

Feldstein P.J.; Goddeeris J.

Hlth Manpower Policy Stud., Bur. Hosp. Adm., Sch. Publ. Hlth, Univ.

Michigan, Ann Arbor, Mich. 48109 United States

Abstracts of Hospital Management Studies ( ABSTR. HOSP. MANAGE. STUD. ) ( United States) 1977, 14/2 (17558 HE:70p.)

CODEN: AHMSB

DOCUMENT TYPE: Journal

LANGUAGE: ENGLISH

The paper analyzes alternative reimbursement methods as a replacement for the current cost-based reimbursement scheme under Medicare which many critics feel has encouraged the rapid cost increases for hospital services. Hospital objectives and roles of various groups in influencing hospital behavior are outlined and social objectives to be sought through reimbursement reform are discussed as a framework for analysis of the various proposed reimbursement methods. Social objectives include: internal efficiency; efficiency in allocation of resources; controlling increase in hospital expenditures; and minimizing the cost of medical care treatments. Alternative methods of payment discussed include: budget review or negotiation on an individual hospital basis; setting a maximum rate of increase in reimbursement to apply to each hospital; basing payment of performance relative to other hospitals; and placing a lid on rate of increase in total expenditure of all hospitals in an area. The paper concludes all proposals discussed have drawbacks. A common weakness is they are aimed at **third party** payers and hospitals almost exclusively and do not include patient or **physician** except in an indirect manner. Since incentives for consumer cost consciousness are difficult to develop within insurance programs, it is suggested a step in the right direction might be to drop the artificial separation between payments to **doctors** and to hospitals so that consumers or their insurers make all payments for medical care to a single organization such as an HMO. Since net income would equal the annual **fees collected** from enrollees minus costs incurred in providing care, it would have an incentive to minimize costs. Limited empirical evidence on HMO performance indicates hospital utilization is substantially lower when compared with fee-for-service system. The paper concludes that the prepayment approach holds considerable promise as a method to pay for hospital and other medical care.

MEDICAL DESCRIPTORS:

\*hospital running cost; \*medicare; \*public health service



SECTION HEADINGS:

036 Health Policy, Economics and Management

13/5/9 (Item 9 from file: 73)

DIALOG(R)File 73:EMBASE

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00021745 EMBASE No: 1974011773

**Planning and organization of regional hospitals**

PLANIFICATION ET ORGANISATION DES HOPITAUX DE ZONE

Piotet G.

Switzerland

Veska ( VESKA ) 1973, 37/6 (349-352)

CODEN: VSKAA

DOCUMENT TYPE: Journal

LANGUAGE: FRENCH

The article concentrates on problems of finance, organisation and human relations that occur during the planning of a regional hospital network in France. Daily care of each patient looked after by communal services costs about 230-247 francs and about 250-267 francs for in patients. In establishing costs, once the federal general insurance has been established, a sum corresponding to the average price of one patient day in the communal service should be added, plus expenses and finally the cost of in patients. **Doctors** ' pay is regulated by their private patients. This system brings advantages to the hospital, in patient, **third party** payers and **doctors** . Numbers of beds is ideally calculated on 4 beds per 1000 inhabitants of the region. The ideal ratio of chief **doctors** to patients is 1:45 and not more than 1:60. There should be 2 chief surgeons. Resident specialists can be appointed according to need. Choice of chief doctors should be from former clinical principals from university hospitals for example. Payment of **doctors** should be based on a contractual indemnity, honorary **payments** and **compensation** .

MEDICAL DESCRIPTORS:

\*economic aspect

ambulatory care; private practice; public **health service** ; hospital patient

SECTION HEADINGS:

036 Health Policy, Economics and Management

13/5/10 (Item 1 from file: 155)

DIALOG(R)File 155:MEDLINE(R)

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11707875 99143999 PMID: 9990188

**Billing third party payers for pharmaceutical care services.**

Poirier S; Buffington D E; Memoli G A

College of Pharmacy, University of Georgia, Athens, USA.

Journal of the American Pharmaceutical Association (Washington, D.C. - 1996) (UNITED STATES) Jan-Feb 1999, 39 (1) p50-64; quiz 101-2, ISSN 1086-5802 Journal Code: 9601004

Document type: Journal Article; Review; Review, Tutorial

Languages: ENGLISH

Main Citation Owner: NLM

Record type: Completed

Subfile: INDEX MEDICUS

OBJECTIVE: To describe the steps pharmacists must complete when seeking compensation from **third party** payers for pharmaceutical care services. DATA SOURCES: Government publications; professional publications, including manuals and newsletters; authors' personal experience. DATA SYNTHESIS: Pharmacists in increasing numbers are meeting with success in getting reimbursed by **third party** payers for patient care activities. However,

many pharmacists remain reluctant to seek compensation because they do not understand the steps involved. Preparatory steps include obtaining a provider/supplier number, procuring appropriate claim forms, developing data collection and documentation systems, establishing professional fees, creating a marketing plan, and developing an accounting system. To bill for specific patient care services, pharmacists need to collect the patient's insurance information, obtain a statement of medical necessity from the patient's **physician**, complete the appropriate claim form accurately, and submit the claim with supporting documentation to the insurer. Although many claims from pharmacists are rejected initially, pharmacists who work with **third party** payers to understand the reasons for denial of **payment** often receive **compensation** when claims are resubmitted. CONCLUSION: Pharmacists who follow these guidelines for billing **third party** payers for pharmaceutical care services should notice an increase in the number of paid claims. (22 Refs.)

Tags: Human

Descriptors: \*Insurance, Health, Reimbursement; \*Pharmaceutical Services--economics--EC; Documentation--standards--ST; Fees, Pharmaceutical; Insurance Claim Reporting; Insurance, Pharmaceutical Services; United States; United States Centers for Medicare and Medicaid Services

Record Date Created: 19990324

Record Date Completed: 19990324

13/5/11 (Item 2 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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11238569 98116028 PMID: 9455014

**Rethinking Medicare reform.**

Marmor T; Oberlander J

Health affairs (Project Hope) (UNITED STATES) Jan-Feb 1998, 17 (1) p52-68, ISSN 0278-2715 Journal Code: 8303128

Comment in Health Aff (Millwood). 1998 Jan-Feb;17(1) 69-71; Comment in PMID 9455015; Comment in Health Aff (Millwood). 1998 Jan-Feb;17(1):72-4; Comment in PMID 9455016

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: Completed

Subfile: INDEX MEDICUS

Many health policy analysts argue that demographic pressures, the inflationary nature of **fee**-for-service **payment**, and the uncontrollable nature of defined-benefit insurance make Medicare unsustainable in its current form. They assert that Medicare can remain fiscally viable in the next century only by embracing a voucher system and exposing beneficiaries to the economic consequences of their medical care decisions. We argue here, however, that Medicare need not rely on vouchers or on placing financial incentives on individual beneficiaries to control costs. Instead, we contend that Medicare can control expenditures the way most other industrial democracies do: through budgetary caps and **centralized** regulation of provider payments.

Tags: Human; Support, Non-U.S. Gov't

Descriptors: \*Health Care Reform--economics--EC; \*Medicare--economics--EC; \*Medicare--legislation and jurisprudence--LJ; Aged; Budgets; Cost Control; Health Care Reform--legislation and jurisprudence--LJ; Marketing of **Health Services**; Models, Organizational; United States

Record Date Created: 19980306

Record Date Completed: 19980306

13/5/12 (Item 3 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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07886101 93346918 PMID: 8345311

**A comparison of health care costs for chiropractic and medical patients.**

Stano M

School of Business Administration, Oakland University, Rochester, MI 48309-4401.

Journal of manipulative and physiological therapeutics (UNITED STATES)

Jun 1993, 16 (5) p291-9, ISSN 0161-4754 Journal Code: 7807107

Comment in J Manipulative Physiol Ther. 1993 Nov-Dec;16(9) 615; Comment in PMID 8133198

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: Completed

Subfile: INDEX MEDICUS

**OBJECTIVE:** To compare the health care costs of patients who have received chiropractic treatment for common neuromusculoskeletal disorders with those treated solely by medical and osteopathic physicians. **DESIGN:** Retrospective statistical analysis of 2 yr of claims data on various categories of utilization and insurance payments for a large national sample of patients. **SETTING:** Ambulatory and inpatient care. **PATIENTS:** A total of 395,641 patients with one or more of 493 neuromusculoskeletal ICD-9 codes. **OUTCOME MEASURES:** Hospital admission rates and 10 categories of insurance payments. **RESULTS:** Nearly one-fourth of patients were treated by chiropractors. Patients receiving chiropractic care experienced significantly lower health care costs as represented by **third party payments** in the **fee-for-service** sector. Total cost differences on the order of \$1,000 over the 2-yr period were found in the total sample of patients as well as in subsamples of patients with specific disorders. The lower costs are attributable mainly to lower inpatient utilization. The cost differences remain statistically significant after controlling for patient demographics and insurance plan characteristics. **CONCLUSIONS:** Although work is in progress to control for possible variations in case mix and to compare outcomes in addition to costs, these preliminary results suggest a significant cost-saving potential for users of chiropractic care. The results also suggest the need to reexamine insurance practices and programs that restrict chiropractic coverage relative to medical coverage.

Tags: Comparative Study; Female; Human; Male; Support, Non-U.S. Gov't

Descriptors: \*Chiropractic--economics--EC; \*Health Care Costs--statistics and numerical data--SN; \*Musculoskeletal Diseases--economics--EC; \*Neuromuscular Diseases--economics--EC; \*Osteopathic Medicine--economics--EC; Adult; Cost Control; Diagnosis-Related Groups--economics--EC; Fees, Medical--statistics and numerical data--SN; **Health Services** Research; Insurance, Health, Reimbursement--economics--EC; Insurance, Health, Reimbursement--statistics and numerical data--SN; Musculoskeletal Diseases--therapy--TH; Neuromuscular Diseases--therapy--TH; Patient Admission--economics--EC; Patient Admission--statistics and numerical data--SN; Regression Analysis; Retrospective Studies; Severity of Illness Index; United States

Record Date Created: 19930907

Record Date Completed: 19930907

**13/5/13 (Item 4 from file: 155)**

DIALOG(R) File 155:MEDLINE(R)

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07867875 93323559 PMID: 10127082

**Managed care for preventive services: a review of policy options.**

Schauffler H H; Rodriguez T

School of Public Health, University of California-Berkeley 94720.

Medical care review (UNITED STATES) Summer 1993, 50 (2) p153-98, ISSN 0025-7087 Journal Code: 0073130

Document type: Journal Article; Review; Review, Tutorial

Languages: ENGLISH

Main Citation Owner: NLM

Record type: Completed

Subfile: Health Administration

In summary, the managed care system we propose for preventive services is designed to limit the potential for overcare under FFS payment and for undercare under capitation and comprehensive fixed **fees**. It bases **payment** on the provision of a complete set of preventive services, thus limiting the tendency of physicians to provide only the relatively high-profit services, such as screening tests, while neglecting the lower-profit services, such as counseling. It also allows primary care providers to **outsource** selected services to lower-cost providers, such as laboratories, health educators, and counselors, and community-based health promotion programs, thus encouraging greater efficiency. In addition, the proposed system funds both primary and high-risk preventive case management to ensure that individuals receive preventive services appropriate to their age, sex, and risk factors. Finally, the proposed system monitors the use of preventive services, relying on **physician** reminders to stimulate the appropriate provision of preventive care and denying payment for unauthorized care. Existing research suggests that none of the individual strategies for managed care can be expected to achieve all of the goals of managing and promoting the appropriate use of preventive services as defined by the U.S. Preventive Services Task Force (1989). To be most effective, we conclude that the strategies need to be coordinated and integrated into the current health care delivery practices of HMOs, PPOs, and point-of-service plans. In addition, the strategies require additional provider training in preventive care. With this support, the proposed model has the potential to improve quality, control costs, and increase the appropriate use of preventive care. While many of the individual components of the proposed managed care model have been evaluated for preventive services, a great deal more research is needed to evaluate the effect of combining these elements into a coordinated and comprehensive approach to managing preventive care. Research is also needed on workable ways to invite people not currently receiving medical care into the health care system to receive preventive care. To inform policy development, the impact of the proposed managed care model--both on preventive services utilization for specific screening, immunization, and counseling services, and on total health care costs and patient health status outcomes--needs to be evaluated. (113 Refs.)

Descriptors: Cost Sharing--methods--MT; \*Managed Care Programs--economics --EC; \*Preventive **Health Services** --utilization--UT; \*Utilization Review --economics--EC; **Health Services** Misuse--economics--EC; Insurance, Health, Reimbursement; Managed Care Programs --organization and administration--OG; Models, Econometric; Policy Making; Preventive **Health Services** --economics--EC; United States; Utilization Review--organization and administration--OG

Record Date Created: 19930813

Record Date Completed: 19930813

13/5/14 (Item 5 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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07130907 91372121 PMID: 1893858

**The collection of physician 's fees through clearing houses outside the practice. The judgement of the Higher Regional Court of Cologne of August 8, 1990 (27 U 76/90)]**

Einziehung von Arzthonoraren durch praxisfremde Verrechnungsstellen. Urteil des Oberlandesgerichts Koln vom 29.8.1990 (27 U 76/90).

Bongen W; Kremer R

Deutsche medizinische Wochenschrift (GERMANY) Sep 20 1991, 116 (38) p1448-50, ISSN 0012-0472 Journal Code: 0006723

Document type: Journal Article

Languages: GERMAN

Main Citation Owner: NLM

Record type: Completed

\*Subfile: INDEX MEDICUS  
Descriptors: \*Fees, Medical--legislation and jurisprudence--LJ;  
\*Insurance, Health, Reimbursement--legislation and jurisprudence--LJ;  
Confidentiality--legislation and jurisprudence--LJ; Germany, West  
Record Date Created: 19911022  
Record Date Completed: 19911022

13/5/15 (Item 6 from file: 155)

DIALOG(R)File 155:MEDLINE(R)

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07006345 91247060 PMID: 2038754 Record Identifier: 38558

**The promotion of family planning by financial payments: the case of Bangladesh.**

Cleland J; Mauldin W P  
London School of Hygiene and Tropical Medicine.  
Studies in family planning (UNITED STATES) Jan-Feb 1991, 22 (1)  
p1-18, ISSN 0039-3665 Journal Code: 7810364  
21 fn.; KIE BoB Subject Heading: population control; KIE BoB Subject  
Heading: sterilization  
Document type: Journal Article  
Languages: ENGLISH  
Main Citation Owner: NLM  
Other Citation Owner: KIE  
Record type: Completed  
Subfile: INDEX MEDICUS

The government of Bangladesh and the World Bank commissioned a **Compensation Payments** Study, carried out in 1987, to assess the merits and demerits of payments for sterilizations to clients, medical personnel, and **intermediaries** who motivate and refer clients. The study conclusively shows that the decision of Bangladeshi men and women to undergo sterilization is a considered and voluntary act, taken in knowledge of the nature and implications of the procedure, and in knowledge of alternative methods of regulating fertility. There is a high degree of client satisfaction among those who have been sterilized, although among clients who had fewer than three children, 25 percent expressed regret that they had been sterilized. Money may be a contributing factor to the decision to become sterilized in a large majority of cases, but a dominant motive for only a very small minority. Payments to referrers have fostered a large number of unofficial, self-employed agents--particularly men who recruit vasectomy cases. These agents provide information about the procedures for being sterilized, particularly to the poor. They also concentrate on sterilizations to the exclusion of other methods, and are prone to minimize the disadvantages and exaggerate the attractions of sterilization.

Tags: Case Report; Female; Human; Male  
Descriptors: \*Family Planning--economics--EC; \*Sterilization, Sexual  
--economics--EC; Adult; Bangladesh; Case-Control Studies; Contraception  
--methods--MT; Ethics, Medical; Family Characteristics; **Health Services**  
Accessibility; Informed Consent; Poverty  
Identifiers: \*Alternatives; \*Bangladesh; \*Comprehension; \*Disadvantaged;  
\*Empirical Approach; \*Females; \*Genetics and Reproduction; \*Incentives;  
\*Indigents; \*Males; \*Remuneration; \*Risks And Benefits; \*Survey; \*Voluntary  
Sterilization

Record Date Created: 19910701

Record Date Completed: 19910701

13/5/16 (Item 7 from file: 155)

DIALOG(R)File 155:MEDLINE(R)

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06499751 90124709 PMID: 10103509

**Practical methods to improve fee collections .**

Aluise J J

-Chapel Hill School of Medicine, University of North Carolina.  
Consultant (UNITED STATES) Jan 1990, 30 (1) p93-4, 99-100, 103,  
ISSN 0010-7069 Journal Code: 7501110  
Document type: Journal Article  
Languages: ENGLISH  
Main Citation Owner: NLM  
Record type: Completed  
Subfile: Health Administration

A medical practice's financial policies should be frankly discussed with patients and explained at the initial visit. At that time, health insurance coverage should also be discussed. This candid conversation not only opens the door to further communication regarding a once-sensitive subject but also facilitates **collection of fees** --especially important when high-priced procedures are contemplated. The author also discusses **third - party** payers (including Medicare) and the pros and cons of prepaid health plans.

Descriptors: Accounting--methods--MT; \*Patient Credit and Collection  
--methods--MT; \* **Physician** -Patient Relations; \*Practice Management,  
Medical--economics--EC; Insurance, **Physician** Services; Medicare  
Assignment; United States

Record Date Created: 19900226

Record Date Completed: 19900226

13/5/17 (Item 8 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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05166941 86167746 PMID: 3957779

**A paying health promotion clinic: combining client services and student learning.**

Arlton D

Journal of allied health (UNITED STATES) Feb 1986, 15 (1) p3-10,  
ISSN 0090-7421 Journal Code: 0361603

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: Completed

Subfile: INDEX MEDICUS

Major societal changes over the past two decades have created the need for competent health care professionals able to provide high quality health care in a rapidly changing, highly technical society. To meet this goal, the University of Northern Colorado College of Health and Human Services prepares graduates in a unique multidisciplinary health promotion clinic. Department chairs along with clinic and faculty coordinators manage student-learning and client-service activities in this 9,000-square-foot, on-campus clinic. Income is generated through **third - party payments** and client **fees** from programs in nursing, nutrition, communication disorders, human rehabilitative services, and community health. Problems encountered in developing this clinic included staffing, **physician** consultation, fee assessment, faculty hesitancy, and health care competition. Positive outcomes were a more autonomous professional identity for students, clinic practice and research opportunities for faculty, and health promotion care for selected client groups.

Tags: Human

Descriptors: \*Allied Health Personnel--education--ED; \*Ambulatory Care  
Facilities--manpower--MA; \*Clinical Clerkship; \*Education, Medical,  
Undergraduate; \*Health Promotion--manpower--MA; \*Patient Care Team;  
Colorado; Consumer Satisfaction; Insurance, Health, Reimbursement

Record Date Created: 19860505

Record Date Completed: 19860505

13/5/18 (Item 9 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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04894642 85201316 PMID: 3995463

On direct patient participation in the cost of their psychiatric care.  
Part I. A review of the empirical and experimental evidence.

el-Guebaly N; Prosen H; Bebchuk W

Canadian journal of psychiatry. Revue canadienne de psychiatrie (CANADA)

Apr 1985, 30 (3) p178-83, ISSN 0706-7437 Journal Code: 7904187

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: Completed

Subfile: INDEX MEDICUS

In the midst of a sociopolitical debate regarding access to **health services**, an evaluation is required of the therapeutic impact of the direct participation by some patients in the cost of their psychiatric treatment. Empirical clinical concepts regarding the need for a direct payment of treatment by the patient have evolved. Initial rigorous practice systems have lead to more flexible methods allowing for the recognition of **third - party** financing. Psychoanalytic theory has addressed the issue most extensively, but other conceptual frameworks have reached similar conclusions as well. The experimental evidence to either support or refute the position that the direct **payment** of a **fee** has a beneficial effect on therapeutic outcome remains limited. The focus has been on studying the impact of fee manipulation, but a tested correlation of other motivators such as patient's insight, therapist's attitudes and behaviour and social pressures is mostly lacking. Two patient populations appear to be delineated. Fee participation is of particular value to the financially secure and to the educated while patients in need of less intensive involvement, with reality testing disturbance and limited insight benefit particularly from **third party** insurance. Different patient populations should have the right to choose different payment options.

Tags: Human

Descriptors: Financing, Personal; \* **Health Services** Accessibility  
--economics--EC; \*Mental **Health Services** --economics--EC; \*Psychotherapy  
--economics--EC; Canada; Financing, Government; Health Policy; Patient  
Participation; Psychoanalytic Interpretation

Record Date Created: 19850718

Record Date Completed: 19850718

13/5/19 (Item 1 from file: 34)

DIALOG(R)File 34:SciSearch(R) Cited Ref Sci

(c) 2003 Inst for Sci Info. All rts. reserv.

03390995 Genuine Article#: PB544 Number of References: 15

Title: **CODING AND REIMBURSEMENT FOR GASTROINTESTINAL ENDOSCOPIC PROCEDURES IN PRIMARY-CARE**

Author(s): LARIMORE WL; ZUBER TJ

Corporate Source: NATL PROCEDURES INST,4909 HEDGEWOOD DR/MIDLAND//MI/48640;

NATL PROCEDURES INST,4909 HEDGEWOOD DR/MIDLAND//MI/48640

Journal: JOURNAL OF FAMILY PRACTICE, 1994, V39, N2 (AUG), P153-159

ISSN: 0094-3509

Language: ENGLISH Document Type: REVIEW

Geographic Location: USA

Subfile: SciSearch; CC CLIN--Current Contents, Clinical Medicine

Journal Subject Category: MEDICINE, GENERAL & INTERNAL

Abstract: Endoscopic diagnostic procedures have become part of the comprehensive care provided by many primary care physicians, and when these physicians interact with **third - party** payers, they must correctly report the endoscopic services they have provided. Included in this review are commonly used upper and lower gastrointestinal endoscopic procedure codes; corresponding reimbursement values from one state's Medicare and Medicaid program; lists of diagnosis codes used in reporting upper and lower endoscopy services; and instructions for

reporting visits and intravenous anesthesia associated with endoscopy procedures.

Descriptors--Author Keywords: INSURANCE, HEALTH, REIMBURSEMENT ; ENDOSCOPY, DIGESTIVE SYSTEM ; ENDOSCOPY, GASTROINTESTINAL ; COLONOSCOPY ; SIGMOIDOSCOPY

Research Fronts: 92-6624 001 (RESOURCE-BASED RELATIVE VALUE SCALE; **PHYSICIAN PAYMENT REFORM; MEDICARE FEE SCHEDULE**)

Cited References:

FED REG 1202, 1993, V58, P3734  
MEDICAID PROVIDER HD, 1992  
MEDICARE PROGRAM PHY, 1993  
MEDICARES NATIONAL L, 1992  
PHYSICIANS CURRENT P, 1994  
ST ANTHONYS COLOR CO, 1993  
HSIAO WC, 1988, V260, P2347, JAMA-J AM MED ASSOC  
RODNEY WM, 1992, V70, P1266, CANCER S5  
RODNEY WM, 1993, V13, P121, FAM PRACT RES J  
RODNEY WM, 1990, V3, P73, J AM BOARD FAM PRACT  
RODNEY WM, 1993, V36, P394, J FAM PRACTICE  
WILLIAMS JJ, 1990, V41, P1722, AM FAM PHYSICIAN  
ZUBER TJ, 1992, V35, P663, J FAM PRACTICE  
ZUBER TJ, 1992, V35, P433, J FAM PRACTICE  
ZUBER TJ, 1993, V37, P21, J FAM PRACTICE

13/5/20 (Item 2 from file: 34)

DIALOG(R) File 34:SciSearch(R) Cited Ref Sci

(c) 2003 Inst for Sci Info. All rts. reserv.

03281731 Genuine Article#: NT771 Number of References: 67

**Title: PRODUCT DEFINITION FOR HEALTH-CARE CONTRACTING - AN OVERVIEW OF APPROACHES TO MEASURING HOSPITAL OUTPUT WITH REFERENCE TO THE UK INTERNAL MARKET**

Author(s): SODERLUND N

Corporate Source: UNIV OXFORD,RADCLIFFE INFIRM,DEPT PUBL HLTH & PRIMARY CARE,GIBSON BLDG/OXFORD OX2 6HE//ENGLAND/

Journal: JOURNAL OF EPIDEMIOLOGY AND COMMUNITY HEALTH, 1994, V48, N3 (JUN), P224-231

ISSN: 0143-005X

Language: ENGLISH Document Type: REVIEW

Geographic Location: ENGLAND

Subfile: SciSearch; CC LIFE--Current Contents, Life Sciences; CC CLIN--Current Contents, Clinical Medicine

Journal Subject Category: PUBLIC HEALTH

**Abstract:** Objective - In many industrialised countries, health care **third party** payers are moving towards contracted provision arrangements with suppliers of hospital care. Essential to such a process is a standard approach to quantifying the care provided. This paper aims to outline the possible approaches to hospital product definition for the UK National **Health Service**, and recommends appropriate further research.

Methods - All published and unpublished studies on hospital output measurement in the NHS since 1980 were sought for the purposes of the review. This included both discursive and empirical work, and no exclusion criteria were applied. Most empirical reports on this topic, however, come from the United States. Consequently, the published reports since 1980 from the USA, accessed from the Medline and Healthplan CD-ROM databases, have also been included in the overview.

Conclusions - Where data are sufficient, the true casemix approach offers advantages over other methods of output measurement. In the UK NHS, two systems - diagnosis-related groups (DRGs) and healthcare resource groups (HRGs) are the only casemix measures that have achieved any significant degree of attention. DRGs have been extensively



evaluated internationally, and explain variations in resource use in the UK slightly better than do HRGs. As a local product, HRGs can be more easily adapted to the specific needs of the NHS internal market, however, and will thus probably emerge as a better measure for the UK in the long term. In both cases, locally derived cost weights are unavailable, and their development constitutes a major requirement for use in contracting. Adaptations for long stay and outpatient hospital episodes would enhance the usefulness of hospital casemix systems in the NHS. Existing approaches, such as specialty based classifications, are neither standardised nor predictive of resource use, and would be better replaced by casemix systems. Other countries facing similar choices between casemix measurement approaches will need to consider the "trade off" between the adaptability of locally derived systems on the one hand and the low cost, rapidly accessible results, and availability of international comparative data of an imported approach on the other.

Identifiers--KeyWords Plus: DIAGNOSIS-RELATED GROUPS; CASE-MIX; AMBULATORY CARE; INTENSIVE-CARE; DISEASE; CLASSIFICATION; ADMISSION; SEVERITY; SERVICE; ILLNESS

Research Fronts: 92-6624 003 (RESOURCE-BASED RELATIVE VALUE SCALE; **PHYSICIAN PAYMENT** REFORM; MEDICARE **FEE** SCHEDULE)  
92-5956 001 (PREDICTING IN-HOSPITAL MORTALITY; QUALITY OF CARE; PATIENT SELECTION)

18/5/1 (Item 1 from file: 73)  
DIALOG(R)File 73:EMBASE  
(c) 2003 Elsevier Science B.V. All rts. reserv.

07474294 EMBASE No: 1998405630

**A proposed optimal health care system based on a comparative study conducted between Canada and Japan**

Akaho E.; Coffin G.D.; Kusano T.; Locke L.; Okamoto T.  
Dr. E. Akaho, Faculty of Pharmaceutical Sciences, Kobe Gakuin University,  
Kobe Japan  
Canadian Journal of Public Health ( CAN. J. PUBLIC HEALTH ) (Canada)  
1998, 89/5 (301-307)  
CODEN: CJPEA ISSN: 0008-4263  
DOCUMENT TYPE: Journal; Article  
LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH; FRENCH  
NUMBER OF REFERENCES: 14

Objectives: Every country wants a good health care system for all citizens with minimum expenditure. By comparing health care systems in Canada and Japan, both of which have a universal health care system for all citizens in its own country, an attempt was made to visualize or search for an optimal health care system. Method: Data and information obtained were tabulated and compared from the standpoint of the effectiveness of the health insurance system and the feasibility of its application so as to propose an optimal health care system. Results and Conclusions: Some of the suggestions and proposals made for an optimal health care system for all citizens include implementation and/or establishment of minimal user fees, centralized rational decision-making processes, private delivery system of health care, centralized computer-aided patient record system, insurance monitoring system, patient education, and physician guidelines.

**MEDICAL DESCRIPTORS:**

\*health care delivery; \*public health  
comparative study; canada; japan; health care system; health care cost;  
health insurance; medical record; computer system; physician; patient  
education; cost control; human; article

**SECTION HEADINGS:**

017 Public Health, Social Medical and Epidemiology  
036 Health Policy, Economics and Management

18/5/2 (Item 1 from file: 155)  
DIALOG(R)File 155:MEDLINE(R)  
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11205231 98081933 PMID: 9420386

**Introduction to some fundamental concepts in the economic analysis of dental care delivery.**

van der Wal C J; Smithwick C L  
William M. Mercer, Inc., San Jose, CA 95113, USA.  
Journal of the American College of Dentists (UNITED STATES) Fall 1997,  
64 (3) p37-42, ISSN 0002-7979 Journal Code: 7503057  
Document type: Journal Article  
Languages: ENGLISH  
Main Citation Owner: NLM  
Record type: Completed  
Subfile: DENTAL; INDEX MEDICUS

This paper discusses some basic economic principles and concepts and how they relate to the analysis of dental care delivery. The fundamental theories of consumer behavior, profit maximization, information and transaction costs, and agency are considered. It is asserted that the information gap existing between patients and providers gives rise to a principal-agent problem, the operative element of this paper. The authors conclude that while under managed fee-for-service (MFFS) delivery systems, third-party administrators use financial, administrative, and

utilization management tools to guide consumer and provider behavior, to reduce the size of the information gap, and achieve a more efficient allocation of resources, this does not occur under direct reimbursement (DR).

Tags: Human

Descriptors: \*Dental Care--economics--EC; \*Managed Care Programs --economics--EC; Budgets; Communication; Consumer Participation; Cost Control; Costs and Cost Analysis; Dental Care--utilization--UT; Dentist-Patient Relations; **Fee** -for-Service Plans--economics--EC; **Fee** -for-Service Plans--organization and administration--OG; Financial Management--economics--EC; Financial Management --organization and administration--OG; Health Care Costs; Health Care Rationing; **Health Services** Needs and Demand--economics--EC; **Health Services** Needs and Demand--organization and administration--OG; Insurance, Health, Reimbursement--economics--EC; Managed Care Programs --organization and administration--OG; Reimbursement Mechanisms--economics--EC; Reimbursement Mechanisms--organization and administration--OG

Record Date Created: 19980129

Record Date Completed: 19980129

18/5/3 (Item 2 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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07871004 93326689 PMID: 10127204

**Incentives and cost containment in primary care physician reimbursement.**

Cave D G

Hewitt Associates, Newport Beach, CA.

Benefits quarterly (UNITED STATES) 3rd Quarter 1993, 9 (3) p70-7,

ISSN 8756-1263 Journal Code: 9112812

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: Completed

Subfile: Health Administration

The goal of capitation is to place gatekeepers at financial risk for the services the **deliver**. However, **third party** payers should provide gatekeepers with some type of protection against random and systematic risk transfer. Gatekeeper physicians' other alternative is to reduce this risk on their own by actively marketing services to healthier individuals and creating barriers to care for their sicker patients. Thus, the proper balance of risk transfer will result in the most cost-efficient, quality gatekeeper networks. However, even with the right balance of risk transfer, capitation may provide incentive for some physicians to withhold necessary services to further increase their profit margins-making quality of care a key concern. Thus, practice guidelines should be developed to ensure quality is not affected. These guidelines afford explicit criteria on how gatekeepers should respond in specific clinical situations.

Descriptors: Insurance, **Physician** Services; \*Physicians, Family --economics--EC; \*Reimbursement, Incentive; Capitation **Fee** --trends--TD; Cost Control--methods--MT; **Fees**, Medical--trends--TD; Managed Care Programs--economics--EC; Physicians, Family--standards--ST; Relative Value Scales; Risk; United States

Record Date Created: 19930826

Record Date Completed: 19930826

18/5/4 (Item 3 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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06799372 91039032 PMID: 2231525

**Patterns of sealant delivery under variable third party**

**requirements.**

Corbin S B; Clark N L; McClendon B J; Snodgrass N K  
Centers for Disease Control, National Institutes of Health, Bethesda, MD  
20892.

Journal of public health dentistry (UNITED STATES) Fall 1990, 50 (5)  
p311-8, ISSN 0022-4006 Journal Code: 0014207

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: Completed

Subfile: DENTAL; INDEX MEDICUS

Despite evidence indicating dental sealants to be effective in preventing caries on the pit and fissure surfaces of teeth, only 8 percent of school-aged US children had received sealants as of 1986-87. While many rationales have been suggested and scientifically answered for this low level of utilization, issues of cost and cost effectiveness remain considerable barriers to many insurers and public programs. This study reports dentist behavior when sealants were added with few restrictions as a new benefit to an existing third party system of care. Results are compared to another third party program with stricter reimbursement policies. Overall, sealants were provided in a reasonable fashion to both groups of patients, relative to teeth selected for sealing and costs. Only a small proportion of patients receiving sealants were under age six or above age 19. Even under the most liberal program, sealants were predominantly targeted to teeth at highest risk to decay. Still, for both groups, a significant proportion of the sealants were placed in teeth at points in time quite distant from expected eruption patterns and, thus, their periods of highest risk to decay. Overall, dentists appeared to use sealants only minimally in their practices. These data suggest that sealants can be added to third party dental programs with little overall risk of inappropriate use or abuse. They also suggest that specific efforts are merited to educate providers as to the most effective times at which to provide sealants for preventing the maximum amount of decay in a population.

Tags: Female; Human; Male

Descriptors: \*Insurance, Dental; \*Insurance, Health, Reimbursement; \*Pit and Fissure Sealants--therapeutic use--TU; Adolescent; Bicuspid; Child; Dental Caries--prevention and control--PC; **Fees**, Dental; Insurance, Dental--economics--EC; Insurance, Dental--organization and administration--OG; Insurance, Health, Reimbursement--economics--EC; Insurance, Health, Reimbursement--organization and administration--OG; Molar; **Physician's** Practice Patterns; United States

CAS Registry No.: 0 (Pit and Fissure Sealants)

Record Date Created: 19901207

Record Date Completed: 19901207

18/5/5 (Item 4 from file: 155)

DIALOG(R)File 155:MEDLINE(R)

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02107874 76059287 PMID: 1190247

**Pharmaceutical services for skilled nursing facilities in compliance with federal regulations.**

Rawlings J L; Frisk P A

American journal of hospital pharmacy (UNITED STATES) Sep 1975, 32  
(9) p905-8, ISSN 0002-9289 Journal Code: 0370474

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: Completed

Subfile: INDEX MEDICUS

A program of providing dispensing, clinical and administrative pharmaceutical services to three skilled nursing facilities is described. Medications are provided to patients from a community pharmacy through a

**Centralized** unit dose drug **distribution** system. Features of the system include pharmacy review of the **physician**'s original order, medication histories obtained by a pharmacist, patient medication profiles, and a 24-hour exchange of drug cabinets containing individual patient drawers. The time requirements for administrative and clinical functions, and the calculation of a **fee** for these services, are described. Over a four-year period, the average number of medications per patient was reduced from 7.7 to 6.1. Two factors believed to be related to this reduction are an effective automatic stop order policy and careful review of patient medication profiles by the pharmacist.

Tags: Human

Descriptors: \*Nursing Homes; \*Pharmaceutical Services; Drug Therapy; **Fees**, Pharmaceutical; Interprofessional Relations; Legislation, Pharmacy; Pharmacies; Pharmacy Administration; Time Factors; United States

Record Date Created: 19760123

Record Date Completed: 19760123

File 2:INSPEC 1969-2003 Oct W3  
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 (c) 2003 The New York Times  
 File 475:Wall Street Journal Abs 1973-2003/Oct 24  
 (c) 2003 The New York Times

?ds

Set	Items	Description
S1	4738	AU=(MARTIN, P? OR MARTIN P? OR THOMPSON, B? OR THOMPSON B?)
S2	81224	(CLEARINGHOUSE? OR CLEARING()HOUSE? OR CENTRALIZ? OR CENTRALIS? OR OUTSOURC? OR THIRD() (PARTY OR PARTIES) OR INTERMEDIAR? OR AFFILIATE OR AFFILIATES)
S3	2952	(COLLECT? OR PAYMENT? OR BILLING?) (3N) (FEE OR FEES OR COMPENSATION?)
S4	85171	(MEDICAL OR HEALTH OR HEALTHCARE? OR HEALTH()CARE? OR LEGAL) (1W) (PROVIDER? OR SUBSCRIBER? OR SERVICE?) OR PRACTITIONER? OR PHYSICIAN OR DOCTOR OR DOCTORS
S5	3582	S2(5N) (DISTRIBUT? OR DELIVER? OR SEND OR SENDS OR SENDING)
S6	2	AOM?() (OPEN? OR START()UP?)
S7	9	S1 AND (S3 OR S4)
S8	9	RD (unique items)
S9	59	S2 AND S3
S10	2	S9 AND S4
S11	2	RD (unique items)
S12	26	S5 AND S4
S13	26	S12 NOT S8
S14	17	S13 NOT PY>1999
S15	17	RD (unique items)
S16	2	S6 NOT PY>1999
S17	2	RD (unique items)

8/5/1 (Item 1 from file: 2)

DIALOG(R) File 2:INSPEC

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04072019 INSPEC Abstract Number: C9202-7140-078

**Title: Standard information content and procedures used in the formation of a research oriented health services database**

Author(s): **Thompson, B.D.** ; Piland, N.F.; Hoy, W.E.; Watkins, M.; Montgomery, K.A.

Author Affiliation: Lovelace Med. Found., Albuquerque, NM, USA

Conference Title: Fourteenth Annual Symposium on Computer Applications in Medical Care. Standards in Medical Informatics. A Conference of the American Medical Informatics Association p.359-63

Editor(s): Miller, R.A.

Publisher: IEEE Comput. Soc. Press, Los Alamitos, CA, USA

Publication Date: 1990 Country of Publication: USA xxv+1084 pp.

ISBN: 0 8186 2106 0

U.S. Copyright Clearance Center Code: 0195-4210/90/0000/0359\$01.00

Conference Sponsor: IEEE

Conference Date: 4-7 Nov. 1990 Conference Location: Washington, DC, USA

Language: English Document Type: Conference Paper (PA)

Treatment: Practical (P)

Abstract: The paper describes the process of establishing an automated system for abstraction of computerized healthcare administrative data from a hospital or clinical database (HIS) into a new data structure which has been tailored for research interests. This process involves careful study of the HIS holdings and data collection procedures, means of categorizing and organizing data, and techniques for standardized maintenance of the new database over many years. Benefits of creating and using the new database for specific projects and its limitations are also discussed. (18 Refs)

Subfile: C

Descriptors: database management systems; medical administrative data processing

Identifiers: standard information content; research oriented **health services** database; healthcare administrative data; clinical database; data structure; HIS holdings; data collection procedures

Class Codes: C7140 (Medical administration); C6160 (Database management systems (DBMS))

8/5/2 (Item 2 from file: 2)

DIALOG(R) File 2:INSPEC

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03306247 INSPEC Abstract Number: C89015332

**Title: Practical approaches to PACS implementation**

Author(s): Creasy, J.L.; Parrish, D.M.; **Thompson, B.G.** ; Johnston, R.E.

Author Affiliation: Dept. of Radiol., North Carolina Univ. Med. Sch., Chapel Hill, NC, USA

Conference Title: Electronic Imaging '88. International Electronic Imaging Exposition and Conference. Advance Printing of Paper Summaries p.145-8 vol.1

Publisher: Inst. Graphic Commun, Boston, MA, USA

Publication Date: 1988 Country of Publication: USA 2 vol. xxix+950 pp.

Conference Sponsor: Diagnostic Imaging Magazine; ESD: Electron. Syst. Design Magazine; EP & P 88 Magazine; Adv. Imaging Magazine

Conference Date: 28-31 March 1988 Conference Location: Anaheim, CA, USA

Language: English Document Type: Conference Paper (PA)

Treatment: General, Review (G); Practical (P)

Abstract: Practical approaches to PACS include two broad sets of ideas. First, one must approach the implementation of PACS from a systems standpoint beginning with needs, functional specifications, design

specifications, and finally with purchase of a system. One should anticipate significant time costs in the integration of a system. However, this method of implementation should produce a higher probability of success because it uses operational needs as a base-line for the implementation. Secondly, multiple choices exist for specific hardware devices and many of these choices are currently under investigation. We will need to await the results of compression experiments, console experiments, and other research endeavors prior to deciding on the best physical implementation. An industry-wide acceptance and conformance to widely-agreed-upon imaging and communication standards will also eventually bring down the cost per installation. Specific implementations for a console will depend, not only on research results, but on the specific application, for example, whether the console is used for interpreting the study or for consulting with a referring **physician**. (0 Refs)

Subfile: C

Descriptors: DP management; PACS

Identifiers: imaging standards; PACS implementation; functional specifications; design specifications; purchase; time costs; operational needs; hardware devices; compression experiments; console experiments; industry-wide acceptance; conformance; communication standards; research

Class Codes: C7140 (Medical administration); C0310D (Installation management); C6155 (Computer communications software)

8/5/3 (Item 1 from file: 35)

DIALOG(R)File 35:Dissertation Abs Online

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01922839 ORDER NO: AADAA-I3074425

**Ethnic identity formation in biracial children: The father's perspective**

Author: **Martin, Patricia Sue Ashbaugh**

Degree: Ph.D.

Year: 2002

Corporate Source/Institution: University of Missouri - Columbia (0133)

Supervisor: Johnetta Morrison

Source: VOLUME 63/12-A OF DISSERTATION ABSTRACTS INTERNATIONAL.

PAGE 4487. 97 PAGES

Descriptors: SOCIOLOGY, ETHNIC AND RACIAL STUDIES ; SOCIOLOGY, INDIVIDUAL AND FAMILY STUDIES

Descriptor Codes: 0631; 0628

ISBN: 0-493-94465-6

Social scientists and **practitioners** agree that the influence fathers have on their children's development is complex, multifaceted and varies across subculture. This study focused on the fathers of Black/White interracial families. Specifically, the purpose was to more fully understand (a) how fathers in interracial families define their role in the ethnic identity formation process for their children; (b) what specific parental practices fathers report in regards to the ethnic identity process for their children; and (c) what fathers think about the role of others (e.g., family, friends, role models) in this process. A qualitative research approach, which lends itself to the exploration of new topics, was used. Fourteen fathers of Black/White biracial children were interviewed. Results indicated that fathers were highly involved in their children's lives and very intentional in their parenting practices. When compared with research findings regarding practices that support ethnic identity formation in biracial children, however, their parenting practices fell short. The need for education and support for parents of biracial children on supporting identity development was evident.

8/5/4 (Item 2 from file: 35)

DIALOG(R)File 35:Dissertation Abs Online

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01716394 ORDER NO: AADA1397547

**The development of an outcomes assessment plan for a graduate nursing program**

Author: **Martin, Patricia S.**

Degree: M.S.N.

Year: 1999

Corporate Source/Institution: Bellarmine College (1002)

Adviser: Margaret E. Miller

Source: VOLUME 38/02 of MASTERS ABSTRACTS.

PAGE 421. 65 PAGES

Descriptors: HEALTH SCIENCES, NURSING ; HEALTH SCIENCES, EDUCATION ;  
EDUCATION, HIGHER

Descriptor Codes: 0569; 0350; 0745

As the health care industry continues to change and place increased demands for qualified and competent **practitioners** in nursing, master's degree education can and should play a vital role in the preparation of nurses to meet these challenges. Nursing education must address issues related to the content and quality of education by focusing on the outcomes of student learning. Assessment of educational outcomes provides a mechanism to evaluate the nursing program and expected competencies of students and graduates. The purpose of this project was to develop a systematic method of outcomes assessment to be implemented in a graduate nursing program. Current literature, summative evaluation techniques, and accreditation criteria provided the basis for the development of the outcomes assessment plan. Educational outcomes specific to the stated mission and philosophy were identified and instruments to evaluate stated outcomes were developed and incorporated into an evaluation plan.

**8/5/5 (Item 3 from file: 35)**

DIALOG(R)File 35:Dissertation Abs Online

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01528470 ORDER NO: AAD97-05969

**CREATING A CULTURE OF DETRACKING IN A LEARNER-CENTERED SCHOOL: ISSUES, PROBLEMS, AND POSSIBILITIES**

Author: **THOMPSON, BETTY JANE**

Degree: PH.D.

Year: 1996

Corporate Source/Institution: THE UNIVERSITY OF TEXAS AT AUSTIN (0227)

Supervisor: MARTHA N. OVANDO

Source: VOLUME 57/09-A OF DISSERTATION ABSTRACTS INTERNATIONAL.

PAGE 3775. 262 PAGES

Descriptors: EDUCATION, ADMINISTRATION ; EDUCATION, SECONDARY ;  
EDUCATION, SOCIOLOGY OF

Descriptor Codes: 0514; 0533; 0340

This study focused on factors involved in establishing a culture of detracking in a learner-centered school. Oakes and Lipton (1992) suggested that more important than proposing a step-by-step method for detracking a school is the development of a school culture supportive of detracking. To sustain long-term and widespread change, a change in culture to support the initiative is needed (Saphier & King, 1985). However, what constitutes a "culture of detracking in a learner-centered" school has not been addressed on the high school level. In addition, there has been little research on factors affecting placement decisions of students in advanced courses (Useem, 1992; Gamoran, 1992). Instead, there has been research on the inequities of the present system used in over 80% of schools in the nation of reliance on teacher recommendation, specific achievement test scores or higher, and grade averages as requirements for admission to advanced courses (Oakes, 1985; Black, 1993; Gamoran, 1992; Darling-Hammond, 1994).

The purpose of this study was to identify and isolate practices which assist in establishing a culture of detracking in a learner-centered high school that has been successful over five years in promoting greater

student participation and success in inclusive advanced courses. Following a qualitative approach in this single case study, data were obtained from teachers, counselors, and administrators through interviews, from document analysis, and from observations. A survey was used to assist in triangulation of the data. Data analysis was completed using a qualitative design. Within-case analysis was used to identify factors contributing to a culture of detracking.

Findings indicated that success in creating a culture of detracking depends primarily on proactive leadership from multiple sources, commitment to the mission and goals, collaborative networks, open communication, high quality professional development, necessary resources, incentives to speed change, and the assignment of advanced placement teachers to multiple classroom levels. Implications were derived related to ways to create a culture of detracking that supports inclusive, but challenging, programs of study toward achieving equity and excellence in schools. Finally, recommendations were presented for **practitioners**, as well as for further research, concerning creating a culture of detracking in other settings.

8/5/6 (Item 4 from file: 35)  
DIALOG(R)File 35:Dissertation Abs Online  
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01487658 ORDER NO: AADAA-I9618729  
**ADVANCED NURSING PRACTICE FROM THE PERSPECTIVE OF NURSE PRACTITIONERS : A GROUNDED THEORY APPROACH**

Author: **MARTIN, PATRICIA DORIS**  
Degree: PH.D.  
Year: 1995  
Corporate Source/Institution: UNIVERSITY OF FLORIDA (0070)  
Chairman: SALLY HUTCHINSON  
Source: VOLUME 57/02-B OF DISSERTATION ABSTRACTS INTERNATIONAL.  
PAGE 990. 328 PAGES  
Descriptors: HEALTH SCIENCES, NURSING ; PSYCHOLOGY, INDUSTRIAL  
Descriptor Codes: 0569; 0624

Nurse **practitioners** (NPs) have an unprecedented opportunity to become one of this nation's key primary **health care providers**. Although their effectiveness has been demonstrated in numerous studies, unnecessary barriers to NPs' practice exist in the areas of scope of practice, prescriptive authority, reimbursement, **physician** resistance, gender, and organizational factors. Inconsistency and confusion surround the NP role. To date, a formal theory of advanced nursing practice has not been published; consequently, the nature of NPs' practice is unclear. This grounded theory research had a twofold purpose: (a) to describe advanced nursing practice from the perspective of nurse **practitioners** (NPs) and (b) to develop a substantive theory about advanced nursing practice. A purposive sample of 23 NPs from the State of Florida included NPs with master's degrees in nursing in pediatrics, adult, family, geriatric, mental health, and women's health. These nurse **practitioners** worked in ambulatory care clinics, nursing homes, or private practices. Open-ended interactive interviews were conducted on the nature of advanced practice from each NP's perspective. Data analysis using the grounded theory method revealed that NPs were subjected to discounting, including being devalued and undermined by physicians, administration, patients, and nurses. Nurse **practitioners** maneuver to increase their status as **health care providers** through daily role negotiation. Essentially, they are negotiating the symbolic space required for their acceptance as valued **health care providers**. Nurse **practitioners** use four subprocesses with related strategies in role negotiating: cultivating, bargaining, confronting, and disengaging. All subprocesses are designed to promote NP role definition by generating and preserving role boundaries, thereby moving NPs toward the symbolic space necessary for them to become part of the national consciousness. This research contributes to clarification of the NP role and the building of a formal theory of advanced nursing

practice.

8/5/7 (Item 5 from file: 35)

DIALOG(R)File 35:Dissertation Abs Online  
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01485962 ORDER NO: AADAA-I9620572

**SOCIAL CLIMATE, NUMBER OF SESSIONS, DEMOGRAPHIC VARIABLES, INDIVIDUAL DIFFERENCES, AND REASON FOR ATTENDING AS INDICATORS OF CLIENT SATISFACTION IN COUNSELING IN HIGHER EDUCATION**

Author: MARTIN, PATRICIA ELLEN

Degree: PH.D.

Year: 1995

Corporate Source/Institution: THE UNIVERSITY OF CONNECTICUT (0056)

Source: VOLUME 57/02-A OF DISSERTATION ABSTRACTS INTERNATIONAL.

PAGE 590. 119 PAGES

Descriptors: EDUCATION, GUIDANCE AND COUNSELING ; EDUCATION, ADULT AND CONTINUING ; EDUCATION, HIGHER

Descriptor Codes: 0519; 0516; 0745

There will be an increasingly older cast to American society during the next twenty to thirty years. Middle-aged and older Americans will face numerous changes in the workplace, including layoffs and lack of promotional opportunities. As a result of these changes, many adult workers will chose to enter or re-enter college programs to upgrade their employment skills.

Personnel within institutions of higher education, including those in the counseling office, are not fully prepared for these older students. Yet older students need assistance with the transition from work to college. Without such assistance, these students might drop out of higher education, exacerbating the problem of an unprepared workforce. Counselors need to know which program and services would best meet the needs of these students.

The study explored three research questions: (1) To what extent can a combination of environmental (i.e., social climate), demographic (i.e., age, individual differences), and process (i.e., number of sessions) variables predict the dependent variable, client satisfaction; (2) To what extent does client satisfaction differ between men and women; (3) To what extent can reason for attending counseling sessions (i.e., personal, vocational, educational) predict client satisfaction. Analyses were conducted using hierarchical multiple regression (Question 1), ANOVA (Question 2), and standard multiple regression (Question 3). The research sample consisted of 199 students at a comprehensive state university who attended at least one session of counseling.

The results indicated that the relationship (cohesion) between a counselor and client is the most significant factor in satisfaction from counseling. Higher levels of client satisfaction were also indicated by those who had attended counseling for more sessions, and for personal problems and issues. The findings confirm previous research and point to areas that should be emphasized by practitioners .

8/5/8 (Item 6 from file: 35)

DIALOG(R)File 35:Dissertation Abs Online  
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1026191 ORDER NO: AAD88-20766

**RESEARCH PRODUCTIVITY BY NURSES IN HOSPITALS: THE INFLUENCES OF ORGANIZATIONAL CONTEXT, CLIMATE, AND CULTURE**

Author: MARTIN, PATRICIA YOUNG

Degree: PH.D.

Year: 1988

Corporate Source/Institution: CASE WESTERN RESERVE UNIVERSITY (HEALTH SCIENCES) (0499)

ADVISER: JOYCE J. FITZGERICK

Source: VOLUME 49/08-B OF DISSERTATION ABSTRACTS INTERNATIONAL.

PAGE 3106. 285 PAGES

Descriptors: HEALTH SCIENCES, NURSING

Descriptor Codes: 0569

Why does research by nurses flourish in one hospital and fail to appear in another? The hospital is the largest single practice site for Registered Nurses (RNs). With increased numbers of college prepared RNs and a growing appreciation for the need for a research base for practice, more and more nurse researchers are selecting the hospital as their research setting. And with nursing research currently focused on clinical questions, the need for knowledge on how to develop a supportive hospital nursing organization for research activities is paramount. A nursing perspective on the effectiveness of an organization in supporting research is suggested as including the context (setting), the culture (institutionalized support), and the climate (the shared perspective of the RNs).

A national sample of seven hospitals with exemplar nursing research programs was acquired. The study included one survey per hospital on organizational context and research culture that were to be answered by a representative from nursing administration. Secondly, a questionnaire on research culture and organizational climate were distributed to 100 randomly selected nurses. A survey to all RNs at the hospitals asked questions on research productivity.

Data were analyzed by descriptive statistics and various analyses of differences between hospitals. There was a significant difference among hospitals in research productivity; and differences between hospitals were found for several organizational variables: three climate dimensions, nurse-physician relationships, and research culture. Highest nursing education was related to productivity as an individual characteristic. The findings contribute to a beginning empirical data base concerning the organizational influences of nursing research productivity needed to guide nurse executives in hospitals.

8/5/9 (Item 7 from file: 35)

DIALOG(R)File 35:Dissertation Abs Online

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770788 ORDER NO: AAD82-05354

**ATTRIBUTES OF NATIONALLY RATED INTERCOLLEGIATE BASKETBALL OFFICIALS**

Author: MARTIN, PEGGY ELIZABETH

Degree: P.E.D.

Year: 1981

Corporate Source/Institution: INDIANA UNIVERSITY (0093)

Source: VOLUME 42/09-A OF DISSERTATION ABSTRACTS INTERNATIONAL.

PAGE 3908. 142 PAGES

Descriptors: EDUCATION, PHYSICAL

Descriptor Codes: 0523

The Problem. The problem was to identify and analyze the characteristics of nationally rated intercollegiate basketball officials. A further problem was to determine those personal and professional qualities most essential for an official.

Procedures. Subjects participating in the study were the 56 nationally rated basketball officials of the Affiliated Board of Officials of the National Association for Girls and Women in Sport. The subjects responded to a two-part questionnaire. Part I of the questionnaire requested information concerning the background of the participant including subject experiences in education, athletics and officiating. Part II of the questionnaire required the subjects to rate 60 qualifications on a continuum from "non-essential" to "essential."

Analysis of data involved the following statistical procedures: (1) tabulation of frequencies and computation of percentages for the data gathered from Part I of the questionnaire, (2) computation of the mean,

11/5/1 (Item 1 from file: 35)  
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790048 ORDER NO: AAD82-22646

**MARKET STRUCTURE AND PHYSICIAN FEES**

Author: HSIAO, WILLIAM CHING-LUNG

Degree: PH.D.

Year: 1982

Corporate Source/Institution: HARVARD UNIVERSITY (0084)

Source: VOLUME 43/05-A OF DISSERTATION ABSTRACTS INTERNATIONAL.

PAGE 1615. 219 PAGES

Descriptors: ECONOMICS, GENERAL; HEALTH SCIENCES, GENERAL

Descriptor Codes: 0501; 0566

The market for **physician** services is complicated by four factors: uncertainty, asymmetrical information, agency and **third - party payment** of **fees**. These factors create market distortions including moral hazard, professional autonomy and dominance, and regulations. Moreover, the price and quantity of **physician** services are not determined by a single market, but by the joint action of insurance and **physician** markets. The allocative efficiency of medical care, therefore, hinges on a set of complex interactions among patients, **doctors** and insurers.

This thesis tries to achieve four major goals: (1) expand the available analytical information of the health insurance market; (2) examine the market structure of the **physician** services and the market power of physicians over price and quantity decisions; (3) analyze the relationship and interactions between **physician** and insurance markets; (4) test several hypotheses regarding **physician** fee-setting behavior.

The research study has found that physicians have substantial market power over price and quantity decisions of medical care, derived from their expert knowledge of medicine, juxtaposed with professional autonomy. Their dominance over both technical and economic decisions distorts allocative efficiency and yields monopolistic profits for **doctors**. While consumer demand constrains somewhat physicians' economic behaviors, they are more affected by non-market forces, such as externally imposed professional ethics or internally imposed moral principles. The collective sanctions of the medical community have significant impact on **physician** fees and quantity of services supplied for a given condition. This research also found that the structure and conduct of the insurance market determine **physician** fees, and that the influence of an insurer varies directly with the market share it holds.

The insurance market is best characterized as a market dominated by a major firm and with many small firms competing on the fringe. Blue Shield plans dominate the insurance market due to the economic concessions won from the physicians and tax advantages obtained from governments. Blue Shield sets the premium rates, and other insurers are price-takers. The state governments have effectively regulated the premiums and kept them at a lower level than what the plans would have set in the absence of regulation.

In sum, physicians can set the price and decide on the quantity to supply. Their decisions are determined by the structures of two markets and non-market forces.

11/5/2 (Item 1 from file: 583)  
DIALOG(R)File 583:Gale Group Globalbase(TM)  
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06134059

NHS to pool negligence funds

UK: NHS **CENTRALISES** COMPENSATION FUND

Financial Times (FT) 30 Mar 1995 p.10

Language: ENGLISH

A voluntary central compensation scheme is being created by the UK National **Health Service** to spread claims for clinical negligence across health trusts. The NHS expects 75% of trusts to join the scheme - almost 50% (185) have already joined. Each trust will make annual contributions relative to their size and will be given cover accordingly. **Compensation payments** have grown to GB# 150mn in 1994 from GB# 75mn in 1989.  
(c) Financial Times 1995

COMPANY: NATL **HEALTH SERVICE**

PRODUCT: - Outpatient Care Facilities (8080);  
EVENT: Use of Services (48);  
COUNTRY: United Kingdom (4UK);

15/5/1 (Item 1 from file: 2)

DIALOG(R)File 2:INSPEC

(c) 2003 Institution of Electrical Engineers. All rts. reserv.

6310215 INSPEC Abstract Number: C1999-09-7140-008

**Title: Happy birthday DIOGENE: a hospital information system born 20 years ago**

Author(s): Borst, F.; Appel, R.; Baud, R.; Ligier, Y.; Scherrer, J.R.  
Author Affiliation: Div. d'Inf. Med., Geneva Univ. Cantonal Hosp., Switzerland

Journal: International Journal of Medical Informatics vol.54, no.3  
p.157-67

Publisher: Elsevier,

Publication Date: June 1999 Country of Publication: Ireland

CODEN: IJMIF4 ISSN: 1386-5056

SICI: 1386-5056(199906)54:3L:157:HBDH;1-#

Material Identity Number: G133-1999-005

U.S. Copyright Clearance Center Code: 1386-5056/99/\$20.00

Document Number: S1386-5056(99)00004-0

Language: English Document Type: Journal Paper (JP)

Treatment: General, Review (G); Practical (P)

Abstract: Since its birth in 1978, DIOGENE, the hospital information system of Geneva University Hospital, has been constantly evolving, with a major change in 1995, when migrating from a **centralized** to an open **distributed** architecture. For a few years, the hospital had to face a health policy revolution, with both economic constraints and the opening of the healthcare network. DIOGENE plays a significant role by integrating four axes of knowledge: the medico-economical context for better understanding and influencing of resource consumption; the whole set of patient reports and documents (reports, encoded summaries, clinical findings, images, laboratory data, etc.), patient-dependent knowledge in a vision integrating time and space; external knowledge bases, such as Medline (patient-independent knowledge); and integration of this patient-dependent and independent knowledge in a case-based reasoning format, providing the **physician** with all relevant information on his desktop to help him to take the most appropriate and adequate decisions. ( 26 Refs)

Subfile: C

Descriptors: case-based reasoning; decision support systems; management of change; medical expert systems; medical information systems

Identifiers: DIOGENE; hospital information system; Geneva University Hospital; system evolution; system migration; centralized architecture; open distributed architecture; health policy revolution; economic constraints; healthcare network; medico-economical context; resource consumption; patient reports; documents; reports; encoded summaries; clinical findings; medical images; laboratory data; patient-dependent knowledge; external knowledge bases; Medline; patient-independent knowledge; knowledge integration; case-based reasoning; **physician** desktop; decision making; change management

Class Codes: C7140 (Medical administration); C6170 (Expert systems and other AI software and techniques); C7102 (Decision support systems)

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15/5/2 (Item 2 from file: 2)

DIALOG(R)File 2:INSPEC

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5983120 INSPEC Abstract Number: C9809-6160B-013

**Title: Dependability and performance measures for the database practitioner**

Author(s): Teorey, T.J.; Ng, W.T.

Author Affiliation: Dept. of Electr. Eng. & Comput. Sci., Michigan Univ., Ann Arbor, MI, USA

Journal: IEEE Transactions on Knowledge and Data Engineering vol.10,  
no.3 p.499-503

Publisher: IEEE,

Publication Date: May-June 1998 Country of Publication: USA

CODEN: ITKEEH ISSN: 1041-4347

SICI: 1041-4347(199805/06)10:3L:499:DPMD;1-4

Material Identity Number: N571-98004

U.S. Copyright Clearance Center Code: 1041-4347/98/\$10.00

Language: English Document Type: Journal Paper (JP)

Treatment: Theoretical (T)

Abstract: We estimate the availability, reliability, and mean transaction time (response time) for repairable database configurations, **centralized** or **distributed**, in which each service component is continuously available for repair. Reliability, the probability that the entire transaction can execute properly without failure, is computed as a function of mean time to failure (MTTF) and mean time to repair (MTTR). Mean transaction time in the system is a function of the mean service delay time for the transaction over all components, plus restart delays due to component failures, plus queuing delays for contention. These estimates are potentially applicable to more generalized distributed systems. (16 Refs)

Subfile: C

Descriptors: distributed databases; software reliability

Identifiers: performance measures; dependability measures; database **practitioner**; mean transaction time; response time; availability; reliability; repairable database configurations; mean time to failure; mean time to repair; mean service delay time; restart delays; component failures; queuing delays; distributed systems

Class Codes: C6160B (Distributed databases); C6110B (Software engineering techniques)

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15/5/3 (Item 3 from file: 2)

DIALOG(R) File 2:INSPEC

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5206137 INSPEC Abstract Number: C9604-5670-005

Title: **Estimating LAN performance models by simulating background activity**

Author(s): Alexander, G.O.; Cronan, T.P.; Douglas, D.E.

Author Affiliation: Dept. of Inf. Syst., Northeastern State Univ., Tahlequah, OK, USA

Conference Title: 1994 Proceedings Decision Sciences Institute. 1994 Annual Meeting Part vol.2 p.1055-7 vol.2

Publisher: Decision Sci. Inst, Atlanta, GA, USA

Publication Date: 1994 Country of Publication: USA 3 vol. (xxii+xxiv+2158) pp.

Material Identity Number: XX96-00168

Conference Title: Proceedings of Decision Sciences Institute 1994 Annual Meeting

Conference Date: 20-22 Nov. 1994 Conference Location: Honolulu, HI, USA

Language: English Document Type: Conference Paper (PA)

Treatment: Practical (P)

Abstract: During recent years researchers and **practitioners** have witnessed a vast increase in the popularity of client/server architectures. Many organizations have downsized or rightsized from a large **centralized** mainframe to a number of **distributed** client/server networks. In fact, some companies have been quite successful integrating entire organization wide operations and resources into the client/server architecture. Press (1988) presented a simplified approach to benchmarking LAN performance using two BASIC programs to simulate background activity. This study estimates models given the amount of time to perform a set of office application tasks with these same tasks running in the background and the amount of time to perform the same set of tasks using Press' background activity benchmarks running. The model is used to estimate actual



performance (time) by using either the Press' constant or normal programs to simulate background noise. An example using the results of the analysis is presented for clarification and comprehension purposes. The results of this study indicate that the Press benchmarks can be used to benchmark LAN activity and subsequently adjusted to more closely reflect actual network performance times. (0 Refs)

Subfile: C

Descriptors: local area networks; performance evaluation

Identifiers: LAN performance models; background activity; client/server architectures; benchmarking LAN performance; benchmarks

Class Codes: C5670 (Network performance); C5620L (Local area networks)

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15/5/4 (Item 4 from file: 2)

DIALOG(R)File 2:INSPEC

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5191979 INSPEC Abstract Number: B9604-6210L-008, C9604-7140-001

**Title: Distributed enterprise information networking: A case example**

Author(s): Wonacott, M.D.; Eluthesen, K.; Braudy, R.S.

Author Affiliation: Dept. of Inf. Technol. Services, Kaiser Permanente, NC, USA

Journal: IEEE Communications Magazine vol.34, no.1 p.38-43

Publisher: IEEE,

Publication Date: Jan. 1996 Country of Publication: USA

CODEN: ICOMD9 ISSN: 0163-6804

SICI: 0163-6804(199601)34:1L:38:DEIN;1-7

Material Identity Number: I318-96001

U.S. Copyright Clearance Center Code: 0163-6804/96/\$05.00

Language: English Document Type: Journal Paper (JP)

Treatment: Applications (A); Practical (P)

Abstract: A major **health care provider** is migrating its existing **centralized** computing system to a **distributed** computing infrastructure that will support advanced clinical, business, and workgroup applications and connectivity. Deploying a modern distributed architecture integrated with a traditional, heterogeneous mainframe-oriented enterprise data processing and information retrieval environment is an enormous undertaking. This process requires major changes for the enterprise, especially in the areas of the network, control and operations, systems deployment, integration and cost management tools, and personnel. Our case example is Kaiser Permanente Northern California Region (KPNCR). Information Technology Services (ITS), a division of KPNCR, provides network and computer support and operation, architecture and standards, and information technology. This division, in partnership with business planning and operational units, is responsible for creating the distributed architecture. The transition, estimated to take three to five years, is underway. ITS plans to deploy the proposed architecture at three medical facilities. This pilot will provide the technology foundation for a concurrent pilot of a planned enterprise-wide clinical information system. Results from the pilot will influence plans to deploy the distributed architecture enterprise-wide. (0 Refs)

Subfile: B C

Descriptors: business communication; computer networks; health care; information retrieval; information retrieval systems; medical information systems

Identifiers: distributed enterprise information networking; **health care provider**; distributed computing infrastructure; workgroup applications; business applications; clinical applications; distributed architecture; data processing; information retrieval; systems deployment; cost management tools; Kaiser Permanente Northern California Region; Information Technology Services; computer support; network support; information technology; business planning; clinical information system

Class Codes: B6210L (Computer communications); C7140 (Medical administration); C5620 (Computer networks and techniques); C7250 (

15/5/5 (Item 5 from file: 2)

DIALOG(R)File 2:INSPEC

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03141719 INSPEC Abstract Number: C88032814

**Title: Matching computer-based information systems with organizational structures**

Author(s): Leifer, R.

Author Affiliation: Sch. of Manage., Rensselaer Polytech. Inst., Troy, NY, USA

Journal: Management Information Systems Quarterly vol.12, no.1 p. 63-73

Publication Date: March 1988 Country of Publication: USA

CODEN: MISQDP ISSN: 0276-7783

Language: English Document Type: Journal Paper (JP)

Treatment: Practical (P)

Abstract: Results of studies of the organizational impact of computer-based information systems (CBIS) are contradictory and uncertain. One reason is that what is meant by a CBIS differs from one study to another. In an effort to clarify linkages among CBIS designs and organizational contexts of use, a number of CBIS organization matches or 'fits' are suggested based upon a four-part categorization of CBIS, consisting of **centralized** systems, **distributed** systems, decentralized systems, and stand-alone systems. Appropriate CBIS are then determined for different organizational configurations. The impact of CBIS on organization structure will depend on whether a CBIS structure fit exists. This approach should provide guidance for researchers in discussing CBIS-organization linkages as well as provide **practitioners** an additional criteria for ensuring CBIS success. (58 Refs)

Subfile: C

Descriptors: distributed processing; DP management; management information systems

Identifiers: network architecture; DP management; organizational impact; computer-based information systems; CBIS; centralized systems; distributed systems; decentralized systems; stand-alone systems

Class Codes: C0310D (Installation management)

15/5/6 (Item 6 from file: 2)

DIALOG(R)File 2:INSPEC

(c) 2003 Institution of Electrical Engineers. All rts. reserv.

02751377 INSPEC Abstract Number: C86053172

**Title: Recent innovations and installations of nursing information systems**

Author(s): Simmons, D.A.

Author Affiliation: Visiting Nurse Assoc. of Omaha, NE, USA

Conference Title: Nursing Uses of Computers and Information Science. Proceedings of the IFIP-IMIA International Symposium p.31-5

Editor(s): Hannah, K.J.; Guillemin, E.J.; Conklin, D.N.

Publisher: North-Holland, Amsterdam, Netherlands

Publication Date: 1985 Country of Publication: Netherlands xxii+369 pp.

ISBN: 0 444 87904 8

Conference Date: 1-3 May 1985 Conference Location: Calgary, Alta., Canada

Language: English Document Type: Conference Paper (PA)

Treatment: Practical (P)

Abstract: The Visiting Nurse Association of Omaha, Nebraska, provides home health care, preventive care, clinical services, private duty, occupational health, and school **health services**. It has developed a computerised system which provides for: **centralized** dictation by service

**delivery** staff; the printing of a uniform clinical, family problem-oriented record; an integrated database, statistical system, and financial system; and the communication capability to remote stations. Productivity has increased by one home visit per eight hour block of time.  
(0 Refs)

Subfile: C

Descriptors: information retrieval systems; management information systems; medical administrative data processing

Identifiers: nursing information systems; Visiting Nurse Association; home health care; preventive care; clinical services; private duty; occupational health; school **health services**; computerised system; centralized dictation; service delivery staff; problem-oriented record; integrated database; statistical system; financial system; communication capability; remote stations

Class Codes: C7140 (Medical administration); C7250 (Information storage and retrieval)

15/5/7 (Item 7 from file: 2)

DIALOG(R)File 2:INSPEC

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01862765 INSPEC Abstract Number: C82023603

**Title: Computerized management information system in a community health nursing agency**

Author(s): Simmons, D.A.

Author Affiliation: Visiting Nurse Association of Omaha, Omaha, NE, USA

Conference Title: Proceedings of the Fifth Annual Symposium on Computer Applications in Medical Care p.753-4

Publisher: IEEE, New York, NY, USA

Publication Date: 1981 Country of Publication: USA xxvi+1164 pp.

Conference Date: 1-4 Nov. 1981 Conference Location: Washington, DC, USA

Language: English Document Type: Conference Paper (PA)

Treatment: Applications (A)

Abstract: The Visiting Nurse Association of Omaha is a nonprofit, voluntary agency providing home health care, preventive care, clinical services, and school **health services** in an urban-rural setting. It has developed a computerized system which provides for: (1) **centralized** dictation by service **delivery** staff; (2) the printing of a uniform clinical, family problem-oriented record, (3) an integrated data base, statistical system, and financial system; and (4) the communication capability to remote stations. (The hardware utilized is an IBM System 34). Cost effectiveness has been demonstrated by a reduction in cost of visit from \$47.02 to \$43.79. (0 Refs)

Subfile: C

Descriptors: management information systems; medical computing

Identifiers: community health nursing agency; home health care; preventive care; clinical services; school **health services**; urban-rural setting; computerized system; centralized dictation; printing; family problem-oriented record; integrated data base; statistical system; financial system; communication capability; remote stations

Class Codes: C7140 (Medical administration)

15/5/8 (Item 8 from file: 2)

DIALOG(R)File 2:INSPEC

(c) 2003 Institution of Electrical Engineers. All rts. reserv.

00987345 INSPEC Abstract Number: B76049489, C76030729

**Title: Optimal medical record systems for technology in individualised health care diagnosis**

Author(s): Weed, H.R.

Author Affiliation: Bio-Medical Engng. Center, Ohio State Univ., Columbus, OH, USA

Conference Title: 1976 Joint Automatic Control Conference p.765-8  
Publisher: ASME, New York, NY, USA  
Publication Date: 1976 Country of Publication: USA xix+794 pp.  
Conference Sponsor: American Inst. Chem. Engrs.; IEEE; ASME; et al  
Conference Date: 27-30 July 1976 Conference Location: West Lafayette,  
IN, USA

Language: English Document Type: Conference Paper (PA)  
Treatment: Practical (P)

Abstract: Present technology can make a major and critical contribution to the providing of an accurate and easily available medical record for health care diagnosis and treatment, both within the classical health care facility and in outpatient and private **physician** practice. State-of-the-art techniques of security, reliability, accuracy, and accessibility must be compared with the cost, acceptance, need, and standardization. Applicable methods include the obvious use of **centralized** and **distributed** computer systems as well as miniaturized tapes, cards, or film carried by the individual. A first step is the identification of critical factors, both input and output, and the establishment of a coded set of levels to determine the necessary trade-offs for each case. (25 Refs)

Subfile: A B C

Descriptors: medical information processing; patient diagnosis

Identifiers: health care diagnosis; outpatient; private **physician** practice; distributed computer systems; miniaturized tapes; optimal medical record systems

Class Codes: A8770E (Diagnostic methods and instrumentation); B7510 (Biomedical measurement and imaging); C7140 (Medical administration)

15/5/9 (Item 1 from file: 35)

DIALOG(R) File 35:Dissertation Abs Online

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01561948 ORDER NO: AAD97-20377

**PERFORMANCE ANALYSIS OF MULTI-ECHELON INVENTORY SYSTEMS (DISTRIBUTION)**

Author: PEAK, DAVID LEE

Degree: PH.D.

Year: 1996

Corporate Source/Institution: THE LOUISIANA STATE UNIVERSITY AND  
AGRICULTURAL AND MECHANICAL COL. (0107)

Director: HELMUT SCHNEIDER

Source: VOLUME 58/01-A OF DISSERTATION ABSTRACTS INTERNATIONAL.

PAGE 221. 201 PAGES

Descriptors: BUSINESS ADMINISTRATION, MANAGEMENT ; OPERATIONS RESEARCH ;  
TRANSPORTATION

Descriptor Codes: 0454; 0796; 0709

A two-echelon inventory and **distribution** system consisting of a **centralized** warehouse and N stores is considered in this paper. The inventories of the warehouse as well as the stores are controlled by periodic review (s,S) ordering policies. The expected levels of capital investment, storage space needs, capacity requirements for delivery vehicles, and reliable customer service are issues of great importance to **practitioners** when considering the introduction of a central warehouse and transportation system.

Helmut Schneider, Dan Rinks, and Peter Kelle have developed a methodology that has been shown to provide approximately optimal (s,S) policies under various demand conditions, and are easy to handle computationally. The approximations of Schneider et al., are used to generate ordering policies for the two-echelon system in order to observe the behavior of the aggregate inventories generated by the (s,S) policies using computer simulation.

The simulation results are used to evaluate the accuracy of the analytic models in predicting the aggregate inventory behavior, and simple computational formulas are proposed to calculate confidence limits for

aggregate inventory level and for shipping volumes and weights.

15/5/10 (Item 2 from file: 35)  
DIALOG(R)File 35:Dissertation Abs Online  
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01179835 ORDER NO: AAD13-44344

**CHANGES IN PRENATAL CARE UTILIZATION RATES IN SAIPAN, 1985 THROUGH 1990**

Author: PALMER, KAREN SUSAN

Degree: M.S.

Year: 1991

Corporate Source/Institution: UNIVERSITY OF HAWAII (0085)

Chairperson: D. WILLIAM WOOD

Source: VOLUME 29/04 of MASTERS ABSTRACTS.

PAGE 664. 97 PAGES

Descriptors: HEALTH SCIENCES, PUBLIC HEALTH; HEALTH SCIENCES, OBSTETRICS  
AND GYNECOLOGY; URBAN AND REGIONAL PLANNING

Descriptor Codes: 0573; 0380; 0999

Health professionals generally agree that prenatal care is important for maternal/infant health. In Saipan, a U.S. Commonwealth located in the Northern Mariana Islands in the Pacific, health **practitioners** have commented on the apparent increase in the numbers of women not receiving sufficient prenatal care. This study determined the rates of insufficient prenatal care (defined as late care, no care, or inadequate number of prenatal visits) stratified by age, ethnicity, and parity for all women who gave birth at the Community Health Center in 1985, 1988, 1989, and 1990. The rates of insufficient care were high in 1985, and increased significantly by 1988-1990. Changes in the age, ethnicity, and parity of the population did not account for this increase. There was a relationship between insufficient prenatal care and ethnicity, but not age. The increase may relate to rapid socio-economic changes or **centralization** of the health care **delivery** system.

15/5/11 (Item 3 from file: 35)  
DIALOG(R)File 35:Dissertation Abs Online  
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01115393 ORDER NO: AAD90-22739

**THE EMERGENT ROLE OF PROACTIVE COUNSEL IN AMERICAN HIGHER EDUCATION**

Author: SAMELS, JAMES ELLIOT

Degree: ED.D.

Year: 1990

Corporate Source/Institution: UNIVERSITY OF MASSACHUSETTS (0118)

Director: ARTHUR W. EVE

Source: VOLUME 51/03-A OF DISSERTATION ABSTRACTS INTERNATIONAL.

PAGE 758. 191 PAGES

Descriptors: EDUCATION, HIGHER; LAW

Descriptor Codes: 0745; 0398

This study examines the special place college and university attorneys have come to occupy as the legal environment of higher education has been dramatically redefined during the last several decades.

More specifically, this study evaluates major institutional **legal service** typologies; explains the principal duties, responsibilities and interrelationships of campus counsel; and analyzes the importance of **centralized** coordination for **delivering** quality, integrated and efficient **legal services**. Special attention is devoted to the professional relationship and protocol which exists between college and university attorneys and their respective institutional clients.

The organization of this study is divided into five chapters.

Chapter One traces the historical development of campus counsel's role in American higher education amid the currents of changing case law,

recently enacted legislation, increased litigation and government regulation. With this historical context in perspective, Chapter One posits significant **legal service** issues confronting campus counsel as the legal environment grows more complex and the pitfalls of liability more serious. Chapter One closes with an assessment of the scholarly significance and practical application of the dissertation.

Chapter Two of the study provides an overview of the published literature including textbooks, academic journals, scholarly monographs and **practitioner** oriented handbooks and other reference materials. Chapter Two organizes the literature search by source of authority and topical focus.

Chapter Three of the study details the overall research, methodology, sampling techniques and design of study inquiry employed by the investigator. Data sources include national, state and local surveys.

Chapter Four reports out analytical outcomes based on the data collected, and further compares and contrasts research results in terms which are of practical usefulness to appropriately involved institutional client groups.

Chapter Five projects the role of campus counsel into the 1990's and includes a distillation of future conditions shaping **legal service** delivery systems coming into place at American colleges and universities.

15/5/12 (Item 4 from file: 35)  
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1063741 ORDER NO: AAD89-10831

**AN EVALUATION OF COMPUTER PERFORMANCE PREDICTION METHODS ACROSS APPLICATION SYSTEM ARCHITECTURES**

Author: STRANDE, ANTHONY PAUL

Degree: PH.D.

Year: 1989

Corporate Source/Institution: THE GEORGE WASHINGTON UNIVERSITY (0075)

ADVOCATE: WILLIAM W. HARDGRAVE

Source: VOLUME 50/03-B OF DISSERTATION ABSTRACTS INTERNATIONAL.

PAGE 1094. 201 PAGES

Descriptors: OPERATIONS RESEARCH; COMPUTER SCIENCE

Descriptor Codes: 0796; 0984

This study examines the difference between closed-form queuing analysis and discrete event simulation as methods of predicting the performance of a **centralized** and a fully **distributed** application architecture. Four types of differences are measured: random, methodologic, assumptive, and architectural.

Two pairs of experiments model each of the two application architectures with closed-form queuing analysis. One experiment of each pair assumes negative exponential service times with an observed mean. The second experiment of each pair uses a general distribution of service times with an observed mean and variance. The second set of experiments replicates the first using discrete event simulation. Representative data from a Federal Aviation Administration Traffic Management System hardware replacement study is used.

Random and methodologic differences found by comparing queuing analysis to discrete event simulation are small, on the order of one percent. Differences in wait time from the use of negative exponential rather than observed service times are large enough to preclude the use of this assumption. The evaluation of architectural differences indicates that the properties of either architecture cannot be inferred from aggregate performance measures of the other. The **practitioner** is cautioned to predict performance using a model that specifically and adequately reflects the application architecture under evaluation.

15/5/13 (Item 5 from file: 35)

DIALOG(R)File 35:Dissertation Abs Online  
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1009057 ORDER NO: AAD87-23095

**DETERMINANTS AND IMPLEMENTATION OF STATE MENTAL HEALTH POLICY**

Author: TAKEDA, SHARON GAIL

Degree: PH.D

Year: 1987

Corporate Source/Institution: STANFORD UNIVERSITY (0212)

Source: VOLUME 48/07-A OF DISSERTATION ABSTRACTS INTERNATIONAL.

PAGE 1903. 150 PAGES

Descriptors: SOCIOLOGY, PUBLIC AND SOCIAL WELFARE; HEALTH SCIENCES,  
MENTAL HEALTH

Descriptor Codes: 0630; 0347

Ultimately, public policy determines the nature of the delivery of mental health services and the quality of care received by the mentally ill. The primary purpose of this two-part dissertation is to increase understanding about the sources of variation in state mental health policy decision-making and patterns of policy implementation. Building on research on the determinants of policy outputs and implementation strategies and stressing the importance of organizational context in both formulation and implementation of public policy, theory and data are presented in an attempt to illuminate reasons why such variations exist. Characteristics of the functionally specialized mental health sector and the broader socioeconomic environment are hypothesized to be important sources of variation.

The first part is a comparative policy study in which mental health sector (centralization of mental health funding, supply of psychiatrists, and number of mental health advocacy groups) and socioeconomic variables (per capita income and total population size) are assessed as determinants of state mental health policy decisions. For each policy decision (level of expenditures, allocation of benefits, and policy innovation), a path model is estimated to determine the relative importance of the independent variables as policy determinants.

The second part is a study of implementation of the National Institute of Mental Health Community Support Program (CSP) initiative by state mental health agencies (SMHAs). Using data from state CSP reports, mental health sector and socioeconomic factors related to the types of strategies implemented are identified.

In the determinants study, the proposition that the relative importance of policy determinants varies by decision type is supported. In particular, psychiatrist-population ratio is an important determinant of both per capita SMHA expenditures and policy innovation (application for a CSP contact). Number of mental health advocacy groups and decentralization are important determinants of the allocation of SMHA funds to community-based mental health programs rather than state hospitals. The effect of per capita income on per capita SMHA expenditures is mediated by the supply of psychiatrists.

In the CSP implementation study, dimensions of the distribution of decision-making rights (centralization, unification, and collaboration) are found to be strongly related to the types of strategies employed.

15/5/14 (Item 6 from file: 35)

DIALOG(R)File 35:Dissertation Abs Online

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0980687 ORDER NO: NOT AVAILABLE FROM UNIVERSITY MICROFILMS INT'L.

**THE EFFECTS OF CENTRALIZATION AND BOARD MEMBERSHIP REFORM ON HEALTH OCCUPATIONAL LICENSING POLICIES**

Author: NICHOL, MICHAEL BRUCE

Degree: PH.D

Year: 1987

Corporate Source/Institution: UNIVERSITY OF SOUTHERN CALIFORNIA (0208)

Source: VOLUME 48/12-A OF DISSERTATION ABSTRACTS INTERNATIONAL.

PAGE 3195.

Descriptors: POLITICAL SCIENCE, PUBLIC ADMINISTRATION

Descriptor Codes: 0617

Numerous occupational licensing reforms have been enacted by states over the last ten years. These reforms include such structural issues as the addition of public members on regulatory boards, centralizing agency administration, and legislative sunset review. Procedural issues include imposition of continuing education and recertification requirements, and enhanced roles for professional substitutes and complements. This study determines whether two of the structural reforms (board membership and centralization) affect consumer oriented policies at the legislative and licensing board level. Tests of these reforms focus on four health occupations: (1) medical **physician** (M.D.), (2) osteopathic **physician** (D.O.), (3) chiropractic **physician** (D.C.), and (4) registered nurse (R.N.).

Two legislative equations were estimated which tested whether public board members affected the adoption of endorsement and mandatory continuing education policies. The first equation revealed that the adoption of endorsement policies by state legislatures was positively affected by the percentage of public members on the licensing board. The second legislative equation demonstrated that the adoption of mandatory continuing education for these health professionals was positively affected by public members of the licensing boards.

The third equation sought to determine whether public membership and centralization affect the dissemination of consumer information by licensing boards. It was found that agency **centralization** positively affected the **distribution** of information to potential employers regarding disciplinary actions taken against incompetent **practitioners**. However, only the percentage of public members had positive effects on the distribution of brochures explaining the disciplinary process to consumers.

This research confirms that public members of occupational licensing boards significantly affect the adoption of consumer oriented policies, such as endorsement, mandatory continuing education, and the distribution of consumer information. The staff of centralized agencies appear likely to adopt a technical orientation to their responsibilities, with minimal interest in consumer education initiatives. (Copies available exclusively from Micrographics Department, Doheny Library, USC, Los Angeles, CA 90089-0182.)

15/5/15 (Item 7 from file: 35)

DIALOG(R)File 35:Dissertation Abs Online

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0965945 ORDER NO: AAD87-22486

**THE PRIVATE PRACTICE OF PSYCHOTHERAPY: AN EXAMINATION OF THE IMPACT OF SOCIAL WORK VENDORSHIP IN TWO NEW ENGLAND STATES**

Author: TURNER, WINSTON MEREDITH

Degree: PH.D

Year: 1987

Corporate Source/Institution: BRANDEIS U., THE F. HELLER GRAD. SCH. FOR ADV. STUD. IN SOC. WEL. (0541)

Source: VOLUME 48/07-A OF DISSERTATION ABSTRACTS INTERNATIONAL.

PAGE 1888. 235 PAGES

Descriptors: SOCIAL WORK

Descriptor Codes: 0452

The private practice of psychotherapy by social workers is a relatively recent phenomenon among mental health **practitioners**. Direct reimbursement by **third - party** payers for psychotherapy services **delivered** by social workers in private practice is even more recent. The Massachusetts Legislature passed "Vendorship" in 1982, and the Maine Legislature in 1984. The passage of these laws is viewed by some as



encouraging the establishment of new practices and the expansion of existing private practices.

Recent increases in numbers of private **practitioners** who operate independent of the public and voluntary clinics have raised concerns about the ability of these organized care settings to attract and retain experienced providers. In addition, the geographic distribution of health and mental health **practitioners** is skewed toward larger cities and there are problems of access by selected target groups, including minorities, the poor and the elderly. This dissertation examines the effects of vendorship on these distributional issues within two states.

Surveys of Licensed Independent Clinical Social Workers (LICSWs) were conducted just prior to vendorship enactment in Massachusetts (N = 440) and Certified Social Workers-Independent Practice (CSW-IPs) in Maine (N = 283). A second survey was conducted in Massachusetts 14 months after the first survey (N = 607), while in Maine, a second survey involving Licensed Clinical Social Workers (LCSWs) was conducted 12 months after the first survey (N = 350). Within each state, subsamples were created for metropolitan and non-metropolitan worksites. Distinctions were also made between primary and secondary practices. Bivariate analyses were performed to describe differences within and between the two states.

The analysis revealed a great deal of intention to expand practices, but only small differences in caseload characteristics among the various settings. The price of psychotherapy was found to vary considerably, especially within the Massachusetts settings. Multivariate regression analysis was then used to examine the factors which were influencing therapy prices in each setting to determine the likely impact of the vendorship legislation on prices and consequently on the distributional issues.

The data were unable to directly answer the distributional questions but indicated directions for future research. Within Massachusetts, the price of primary setting psychotherapy was shown to be very responsive to demand, while secondary setting prices were responsive to competition. In Maine, prices were remarkably stable across settings.

15/5/16 (Item 1 from file: 99)  
DIALOG(R)File 99:Wilson Appl. Sci & Tech Abs  
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1166906 H.W. WILSON RECORD NUMBER: BAST94035499

**The computerized patient record**

Wallace, Scott;

Byte v. 19 (May '94) p. 67-8+

DOCUMENT TYPE: Feature Article ISSN: 0360-5280 LANGUAGE: English

RECORD STATUS: New record

**ABSTRACT:** The computerization of patient information can reduce administrative costs and improve health care. In a 1991 report, the Institute of Medicine identified 5 objectives for the computerized patient record (CPR) of the future: It must support patient care and improve quality of care, enhance health-care professionals' productivity and reduce administrative costs of health care, support clinical and **health services** research, accommodate future health-care developments, and ensure patient data confidentiality. Neither paper-based records nor current computer-based records can meet all these objectives. Currently, CPR systems in hospitals typically treat the hospital as the primary or sole provider and venue of care **delivery**. This **centralized** model is becoming less and less appropriate and is being transformed into a distributed model. The article discusses the CPR system at Brigham and Women's Hospital in Boston.

**DESCRIPTORS:** Medical records; Medical databases; Hospitals--Boston (Mass.)

;

15/5/17 (Item 1 from file: 233)

00495083 98IT05-032

**Blackwell Science selects HealthGate's content management system**

Information Today , May 1, 1998 , v15 n5 p51, 1 Page(s)

ISSN: 8755-6286

Company Name: HealthGate Data

URL: <http://www.healthgate.com>

Languages: English

Document Type: Product Announcement

Geographic Location: United States

Announces that HealthGate of Malden, MA (781) has signed a long-term contract with Blackwell Science Ltd. to move more than 200 of their journals online. Notes that HealthGate is a provider of Web-based medical and health information, with a focus on closing the information gap between patients, **doctors** , and researchers. Adds the company has content management relationships with more than 100 publishers, including the National Library of Medicine and the National Cancer Institute. Says Blackwell Science Ltd., one of the largest publishers of medical, scientific, and technical journals, had been searching for an **outsourcing** solution to establish an online **delivery** channel for its content, and found HealthGate's Content Management System to be a cost-effective approach. (JC)

Descriptors: Information Services; Medicine; Health; Publishing;  
Online Information

Identifiers: HealthGate Data

?

17/5/1 (Item 1 from file: 583)  
DIALOG(R)File 583:Gale Group Globalbase(TM)  
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06259782  
AOM : trois nouvelles lignes \ partir d'Orly  
FRANCE: AOM OPENS THREE NEW LINES  
Le Figaro (XMV) 30 Jan 1996 p.34  
Language: FRENCH

AOM says it has the financial capability to make huge investments to operate the three new lines it is to open in February 1996. The French airline has confirmed that it would open three short-haul lines from the Parisian airport of Orly, to Toulon, Pau and Perpignan <in the south of France>. In 1995, it boasted a positive result for the first time ever since the airline was created back in 1991.

COMPANY: AOM

PRODUCT: Passenger Air Transport (4501); Scheduled Airlines (4510);  
EVENT: Product Design & Development (33);  
COUNTRY: France (4FRA);

17/5/2 (Item 2 from file: 583)  
DIALOG(R)File 583:Gale Group Globalbase(TM)  
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06169212  
Montpellier, Strasbourg, Quito et Lima au menu d'AOM  
FRANCE: AOM OPENS NEW ROUTES  
La Tribune Desfossis (XOT) 22 Jun 1995 p.10  
Language: FRENCH

French air carrier AOM, a subsidiary of French bank Credit Lyonnais, is to set aside FFr 100mn in 1995 to open new routes. The company expects to take advantage of increased brand awareness to increase its share of the domestic market. AOM is to open a Orly-Montpellier route and a Orly-Strasbourg route. The French airline is not neglecting the international routes since it is to serve Quito, Ecuador, and Lima, Peru, after French airline Air France decided to quit these routes. AOM, from which Credit Lyonnais is considering to divest, posted a FFr 47mn deficit in 1994, compared with a FFr 704mn loss in 1994, with a FFr 2.791bn consolidated turnover - a 29.5% increase from the year-earlier period.

COMPANY: AOM

PRODUCT: Passenger Air Transport (4501); Scheduled Airlines (4510); Intl  
& Territorial Air Svcs (4513);  
EVENT: Product Design & Development (33); Plant/Facilities/Equipment (44  
);  
COUNTRY: France (4FRA);  
?

File 16:Gale Group PROMT(R) 1990-2003/Oct 24  
 (c) 2003 The Gale Group  
 File 148:Gale Group Trade & Industry DB 1976-2003/Oct 27  
 (c)2003 The Gale Group  
 File 160:Gale Group PROMT(R) 1972-1989  
 (c) 1999 The Gale Group  
 File 275:Gale Group Computer DB(TM) 1983-2003/Oct 24  
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 File 621:Gale Group New Prod.Annou.(R) 1985-2003/Oct 27  
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 File 636:Gale Group Newsletter DB(TM) 1987-2003/Oct 24  
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?ds

Set	Items	Description
S1	1528	AU=(MARTIN, P? OR MARTIN P? OR THOMPSON, B? OR THOMPSON B?)
S2	1749769	(CLEARINGHOUSE? OR CLEARING()HOUSE? OR CENTRALIZ? OR CENTRALIS? OR OUTSOURC? OR THIRD() (PARTY OR PARTIES) OR INTERMEDIAR? OR AFFILIATE OR AFFILIATES)
S3	54080	(COLLECT? OR PAYMENT? OR BILLING?) (3N) (FEE OR FEES OR COMPENSATION?)
S4	1014954	(MEDICAL OR HEALTH OR HEALTHCARE? OR HEALTH()CARE? OR LEGAL) (1W) (PROVIDER? OR SUBSCRIBER? OR SERVICE?) OR PRACTITIONER? OR PHYSICIAN OR DOCTOR OR DOCTORS
S5	77863	S2(5N) (DISTRIBUT? OR DELIVER? OR SEND OR SENDS OR SENDING)
S6	0	AOM?() (OPEN? OR START()UP?)
S7	0	S1(S) (S3 OR S4)
S8	426	S2(5N)S3
S9	7	S8(5N)S4
S10	6	RD (unique items)
S11	362	S5(5N)S4
S12	1	S11(S)S3
S13	1	S12 NOT S10

10/3,K/1 (Item 1 from file: 148)  
DIALOG(R)File 148:Gale Group Trade & Industry DB  
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10406724 SUPPLIER NUMBER: 21033752 (USE FORMAT 7 OR 9 FOR FULL TEXT)  
**Strength in numbers: could doctor unions really be the answer? (includes related articles) (Cover Story)**  
Lowes, Robert L.  
Medical Economics, v75, n12, p114(8)  
June 29, 1998  
DOCUMENT TYPE: Cover Story ISSN: 0025-7206 LANGUAGE: English  
RECORD TYPE: Fulltext; Abstract  
WORD COUNT: 4275 LINE COUNT: 00344

... themselves as all-purpose advocates. The Union of American Physicians and Dentists says it helps **doctors collect fees** from stingy **third - party** payers, opposes heavy-handed actions by state medical boards, and lobbies against legislation hostile to...

10/3,K/2 (Item 2 from file: 148)  
DIALOG(R)File 148:Gale Group Trade & Industry DB  
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04635195 SUPPLIER NUMBER: 08841719 (USE FORMAT 7 OR 9 FOR FULL TEXT)  
**Why some colleagues' fees are sky-high.**  
Owens, Arthur  
Medical Economics, v67, n4, p200(6)  
Feb 19, 1990  
ISSN: 0025-7206 LANGUAGE: ENGLISH RECORD TYPE: FULLTEXT  
WORD COUNT: 1607 LINE COUNT: 00126

... starting in practice may charge more than the prevailing rates to avoid locking themselves into **third - party payments** based on low **fees**. "It's hard for a **doctor** to dislodge himself from his fee profile," Berger explains. "If it's low to start..."

10/3,K/3 (Item 3 from file: 148)  
DIALOG(R)File 148:Gale Group Trade & Industry DB  
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03933736 SUPPLIER NUMBER: 07629841 (USE FORMAT 7 OR 9 FOR FULL TEXT)  
**National health insurance reconsidered: dilemmas and opportunities.**  
Battistella, Roger M.; Weil, Thomas P.  
Hospital & Health Services Administration, v34, n2, p139(18)  
Summer, 1989  
ISSN: 8750-3735 LANGUAGE: ENGLISH RECORD TYPE: FULLTEXT  
WORD COUNT: 6255 LINE COUNT: 00531

... 1970s.  
In Canada, attempts by government to contain rates of increases in public spending for **health services** by keeping **fee -for-service payments** below private **third party** levels have caused numbers of **doctors** either to limit their services to private-paying patients or to exercise their option to...

10/3,K/4 (Item 1 from file: 149)  
DIALOG(R)File 149:TGG Health&Wellness DB(SM)  
(c) 2003 The Gale Group. All rts. reserv.

01932991 SUPPLIER NUMBER: 65130505 (USE FORMAT 7 OR 9 FOR FULL TEXT)  
**Doctors Are Singing the Union Blues.**  
Newsletter-People's Medical Society, 18, 4, 4

August,  
1999

PUBLICATION FORMAT: Newsletter ISSN: 0736-4873 LANGUAGE: English  
RECORD TYPE: Fulltext TARGET AUDIENCE: Consumer  
WORD COUNT: 954 LINE COUNT: 00079

... well as collective bargaining services. The Union of American Physicians and Dentists, for example, helps **doctors collect fees** from **third - party** payers, lobbies against anti- **doctor** legislation and opposes certain actions of state medical boards (Medical Economics, June 29, 1998). A...

**10/3,K/5 (Item 2 from file: 149)**  
DIALOG(R)File 149:TGG Health&Wellness DB(SM)  
(c) 2003 The Gale Group. All rts. reserv.

01912606 SUPPLIER NUMBER: 62791440 (USE FORMAT 7 OR 9 FOR FULL TEXT)  
**Obstetric Triage and Advanced Practice Nursing.**  
Angelini, Diane J.  
Journal of Perinatal & Neonatal Nursing, 13, 4, 1  
March,  
2000  
PUBLICATION FORMAT: Magazine/Journal ISSN: 0893-2190 LANGUAGE: English  
RECORD TYPE: Fulltext TARGET AUDIENCE: Professional  
WORD COUNT: 5403 LINE COUNT: 00466

... outcome statistics not only document clinical competency, but verify and solidify advanced practice nursing capabilities.  
**Practitioners** need to revisit the **billing fee** schedule and address how **third - party** payers are reimbursed for triage visits. Many of the obstetric complaints seen are billed under...

**10/3,K/6 (Item 1 from file: 444)**  
DIALOG(R)File 444:New England Journal of Med.  
(c) 2003 Mass. Med. Soc. All rts. reserv.

00105462  
Copyright 1989 by the Massachusetts Medical Society

**A Consumer-Choice Health Plan For The 1990s: Universal Health Insurance in a System Designed to Promote Quality and Economy (First of Two Parts) (Special Article)**

Enthoven, Alain; Kronick, Richard.  
The New England Journal of Medicine  
January 5, 1989; 320 (1),pp 29-37  
LINE COUNT: 00743 WORD COUNT: 10253

TEXT  
...The U.S. health care economy is inflationary. It is still dominated by **fee -for-service payment** of **doctors** and hospitals by **third - party** intermediaries with open-ended sources of finance. There is no total budget set in advance...  
?

13/3,K/1 (Item 1 from file: 160)  
DIALOG(R) File 160:Gale Group PROMT(R)  
(c) 1999 The Gale Group. All rts. reserv.

00967142

**Preferred provider organizations (PPOs) are catching on due to the health care cost crisis, the doctor surplus, hospital overbedding, and intense marketing of health services.**

Business Insurance November 7, 1983 p. 401

... health care providers, like physicians, hospitals or dentists, that contracts with employers, insurers or other **third - party** payers to **deliver health care services** at reduced fees. While employees are not obligated to use the PPO, there is usually...

... same age, have similar diagnoses, require similar medical procedures, and have similar discharge status. Flat **fee payments** are established according to the patient's DRG. Dr EG Dahl of Boston U states...

File 344:Chinese Patents 1985-Aug 1985-2003/Apr  
 (c) 2003 European Patent Office  
 File 347:JAPIO Oct 1976-2003/Jun(Updated 031006)  
 (c) 2003 JPO & JAPIO  
 File 350:Derwent WPIX 1963-2003/UD,UM &UP=200368  
 (c) 2003 Thomson Derwent

?ds

Set	Items	Description
S1	1029	AU={MARTIN, P? OR MARTIN P? OR THOMPSON, B? OR THOMPSON B?}
S2	41009	(CLEARINGHOUSE? OR CLEARING()HOUSE? OR CENTRALIZ? OR CENTRALIS? OR OUTSOURC? OR THIRD() (PARTY OR PARTIES) OR INTERMEDIAR? OR AFFILIATE OR AFFILIATES)
S3	1892	(COLLECT? OR PAYMENT? OR BILLING?) (3N) (FEE OR FEES OR COMPENSATION?)
S4	16912	(MEDICAL OR HEALTH OR HEALTHCARE? OR HEALTH()CARE? OR LEGAL) (1W) (PROVIDER? OR SUBSCRIBER? OR SERVICE?) OR PRACTITIONER? OR PHYSICIAN OR DOCTOR OR DOCTORS
S5	0	S1(5N) (DISTRIBUT? OR DELIVER? OR SEND OR SENDS OR SENDING)
S6	0	AOM?() (OPEN? OR START()UP?)
S7	1	S1 AND (S3 OR S4)
S8	24	S2 AND S3
S9	1	S8 AND S4
?		



7/5/1 (Item 1 from File: 350)  
DIALOG(R) File 350:Derwent WPIX  
(c) 2003 Thomson Derwent. All rts. reserv.

013815812 \*\*Image available\*\*  
WPI Acc No: 2001-300024/200131  
XRPX Acc No: N01-215283

Fees payment system has cleaning house that collects plan fees  
from service receivers and distributes portion of plan fees to service  
providers as payment fees

Patent Assignee: MARTIN P R (MART-I); THOMPSON B T (THOM-I)

Inventor: MARTIN P R ; THOMPSON B T

Number of Countries: 094 Number of Patents: 002

Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
WO 200122338	A1	20010329	WO 2000US26285	A	20000922	200131 B
AU 200140214	A	20010424	AU 200140214	A	20000922	200141

Priority Applications (No Type Date): US 99405325 A 19990924

Patent Details:

Patent No	Kind	Lan	Pg	Main IPC	Filing Notes
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WO 200122338	A1	E	15	G06F-017/60	
--------------	----	---	----	-------------	--

Designated States (National): AE AG AL AM AT AU AZ BA BB BG BR BY BZ CA  
CH CN CR CU CZ DE DK DM DZ EE ES FI GB GD GE GH GM HR HU ID IL IN IS JP  
KE KG KP KR KZ LC LK LR LS LT LU LV MA MD MG MK MN MW MX MZ NO NZ PL PT  
RO RU SD SE SG SI SK SL TJ TM TR TT TZ UA UG US UZ VN YU ZA ZW

Designated States (Regional): AT BE CH CY DE DK EA ES FI FR GB GH GM GR  
IE IT KE LS LU MC MW MZ NL OA PT SD SE SL SZ TZ UG ZW

AU 200140214	A			G06F-017/60	Based on patent WO 200122338
--------------	---	--	--	-------------	------------------------------

Abstract (Basic): WO 200122338 A1

NOVELTY - The service providers subscribe with cleaning house to  
provide services to service receivers. The service receivers subscribe  
with cleaning house to receive service from providers. The cleaning  
house **collects** plan **fees** from service receivers and distributors at  
a portion of plan fees to service providers as **payment fees** . The  
service receivers receives services from service provider.

USE - For **payment** of professional service **fees** .

ADVANTAGE - Allows customer to have set payment per fine period and  
set payments to professional service providers. Provides system for  
payment of professional services outside of current insurance system to  
cover ordinary or basic professional services at cost effective rate in  
efficiency manner. Allows professional to provide proper level of  
service at proper price without need for insurance.

DESCRIPTION OF DRAWING(S) - The figure shows the flow diagram  
explaining professional service payment method.

pp; 15 DwgNo 1/1

Title Terms: FEE; PAY; SYSTEM; CLEAN; HOUSE; COLLECT; PLAN; FEE; SERVICE;  
RECEIVE; DISTRIBUTE; PORTION; PLAN; FEE; SERVICE; PAY; FEE

Derwent Class: T01; T05

International Patent Class (Main): G06F-017/60

File Segment: EPI

9/5/1 (Item 1 from File: 350)  
DIALOG(R) File 350:Derwent WPIX  
(c) 2003 Thomson Derwent. All rts. reserv.

014519039 \*\*Image available\*\*  
WPI Acc No: 2002-339742/200237  
XRPX Acc No: N02-267169

**Financial transaction method for a service provider's office, uses a secure web site, accessible from the Internet, set up to accept procedure code and insurance carrier input from a service provider's office**

Patent Assignee: PRO QUO INVESTMENTS (PROQ-N)  
Inventor: OSBAND S J  
Number of Countries: 096 Number of Patents: 002  
Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
WO 200219235	A1	20020307	WO 2001US41679	A	20010808	200237 B
AU 200187170	A	20020313	AU 200187170	A	20010808	200249

Priority Applications (No Type Date): US 2000652359 A 20000830

Patent Details:

Patent No	Kind	Lan	Pg	Main IPC	Filing Notes
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WO 200219235	A1	E	15	G06F-017/60	
--------------	----	---	----	-------------	--

Designated States (National): AE AG AL AM AT AU AZ BA BB BG BR BY BZ CA  
CH CN CO CR CU CZ DE DK DM DZ EC EE ES FI GB GD GE GH GM HR HU ID IL IN  
IS JP KE KG KP KR KZ LC LK LR LS LT LU LV MA MD MG MK MN MW MX MZ NO NZ  
PL PT RO RU SD SE SG SI SK SL TJ TM TR TT TZ UA UG US UZ VN YU ZA ZW  
Designated States (Regional): AT BE CH CY DE DK EA ES FI FR GB GH GM GR  
IE IT KE LS LU MC MW MZ NL OA PT SD SE SL SZ TR TZ UG ZW

AU 200187170	A			G06F-017/60	Based on patent WO 200219235
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Abstract (Basic): WO 200219235 A1

NOVELTY - A **third party** (30) provides a secure web site (34) which is set to accept procedure codes and insurance carrier inputs from a service provider's office (14). Web site server (38) is programmed to automatically connect to an insurance carrier's database (42) to verify a client's benefits, calculate the benefit, calculate a service fee and notify the service provider's office that an insurance claim for the client is approved.

USE - For use in providing electronic, real-time insurance verification, filing and funding at a service provider's office, particularly in conjunction with reimbursements made for dentist's and **physician**'s services under insurance plans.

ADVANTAGE - The secure web site expedites the processing of medical claims and bills, reducing the cost of claims processing by service providers and insurance companies and speeding the **collection** of **fees** by physicians. The process standardizes the insurance claims and medical payment procedure for patients and reduces medical costs through reduced overhead. The process simplifies the service provider's accounting and minimizes service provider's accounts receivable.

DESCRIPTION OF DRAWING(S) - The figure is a diagram showing interrelation of all components that are integrated to support the financial transaction method.

Service provider's office (14)  
Secure web site (38)  
Insurance carrier's database (42)  
Service provider bank account (46)  
pp; 15 DwgNo 2/2

Title Terms: FINANCIAL; TRANSACTION; METHOD; SERVICE; OFFICE; SECURE; WEB; SITE; ACCESS; SET; UP; ACCEPT; PROCEDURE; CODE; INSURANCE; CARRY; INPUT; SERVICE; OFFICE

Derwent Class: T01; T05

International Patent Class (Main): G06F-017/60

File Segment: EPI

File 348:EUROPEAN PATENT 1978-2003/Oct W03  
 (c) 2003 European Patent Office  
 File 349:PCT FULLTEXT 1979-2002/UB=20031023,UT=20031016  
 (c) 2003 WIPO/Univentio

?ds

Set	Items	Description
S1	598	AU=(MARTIN, P? OR MARTIN P? OR THOMPSON, B? OR THOMPSON B?)
S2	46900	(CLEARINGHOUSE? OR CLEARING()HOUSE? OR CENTRALIZ? OR CENTRALIS? OR OUTSOURC? OR THIRD() (PARTY OR PARTIES) OR INTERMEDIAR? OR AFFILIATE OR AFFILIATES)
S3	5430	(COLLECT? OR PAYMENT? OR BILLING?) (3N) (FEE OR FEES OR COMPENSATION?)
S4	67065	(MEDICAL OR HEALTH OR HEALTHCARE? OR HEALTH()CARE? OR LEGAL) (1W) (PROVIDER? OR SUBSCRIBER? OR SERVICE?) OR PRACTITIONER? OR PHYSICIAN OR DOCTOR OR DOCTORS
S5	3749	S2(5N) (DISTRIBUT? OR DELIVER? OR SEND OR SENDS OR SENDING)
S6	2	AOM?() (OPEN? OR START()UP?)
S7	0	S1(S) (S3 OR S4)
S8	0	S1(S)S2
S9	219	S2(S)S3
S10	2	S9(S)S4
S11	49	S5(S)S4
S12	9	S11(S) (FEE OR FEES OR COMPENSATION?)
S13	8	S12 NOT S10
S14	0	S6(S)S2
?		

7/5/1 (Item 1 from File: 350)  
DIALOG(R) File 350:Derwent WPIX  
(c) 2003 Thomson Derwent. All rts. reserv.

013815812 \*\*Image available\*\*  
WPI Acc No: 2001-300024/200131  
XRPX Acc No: N01-215283

Fees payment **system** has cleaning house that collects plan fees  
from service receivers and distributes portion of plan fees to service  
providers as payment fees

Patent Assignee: MARTIN P R (MART-I); THOMPSON B T (THOM-I)

Inventor: MARTIN P R ; THOMPSON B T

Number of Countries: 094 Number of Patents: 002

Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
WO 200122338	A1	20010329	WO 2000US26285	A	20000922	200131 B
AU 200140214	A	20010424	AU 200140214	A	20000922	200141

Priority Applications (No Type Date): US 99405325 A 19990924

Patent Details:

Patent No	Kind	Lan	Pg	Main IPC	Filing Notes
-----------	------	-----	----	----------	--------------

WO 200122338	A1	E	15	G06F-017/60	
--------------	----	---	----	-------------	--

Designated States (National): AE AG AL AM AT AU AZ BA BB BG BR BY BZ CA  
CH CN CR CU CZ DE DK DM DZ EE ES FI GB GD GE GH GM HR HU ID IL IN IS JP  
KE KG KP KR KZ LC LK LR LS LT LU LV MA MD MG MK MN MW MX MZ NO NZ PL PT  
RO RU SD SE SG SI SK SL TJ TM TR TT TZ UA UG US UZ VN YU ZA ZW

Designated States (Regional): AT BE CH CY DE DK EA ES FI FR GB GH GM GR  
IE IT KE LS LU MC MW MZ NL OA PT SD SE SL SZ TZ UG ZW

AU 200140214	A			G06F-017/60	Based on patent WO 200122338
--------------	---	--	--	-------------	------------------------------

Abstract (Basic): WO 200122338 A1

NOVELTY - The service providers subscribe with cleaning house to  
provide services to service receivers. The service receivers subscribe  
with cleaning house to receive service from providers. The cleaning  
house **collects** plan **fees** from service receivers and distributors at  
a portion of plan fees to service providers as **payment fees**. The  
service receivers receives services from service provider.

USE - For **payment** of professional service **fees**.

ADVANTAGE - Allows customer to have set payment per fine period and  
set payments to professional service providers. Provides system for  
payment of professional services outside of current insurance system to  
cover ordinary or basic professional services at cost effective rate in  
efficiency manner. Allows professional to provide proper level of  
service at proper price without need for insurance.

DESCRIPTION OF DRAWING(S) - The figure shows the flow diagram  
explaining professional service payment method.

pp; 15 DwgNo 1/1

Title Terms: FEE; PAY; SYSTEM; CLEAN; HOUSE; COLLECT; PLAN; FEE; SERVICE;  
RECEIVE; DISTRIBUTE; PORTION; PLAN; FEE; SERVICE; PAY; FEE

Derwent Class: T01; T05

International Patent Class (Main): G06F-017/60

File Segment: EPI

10/3,K/1 (Item 1 from file: 349)  
DIALOG(R)File 349:PCT FULLTEXT  
(c) 2003 WIPO/Univentio. All rts. reserv.

01038352

**DISTRIBUTED SYSTEM AND METHOD FOR MANAGING COMMUNICATION AMONG HEALTHCARE PROVIDERS, PATIENTS AND THIRD PARTIES**  
**SYSTEME ET PROCEDE REPARTIS, DESTINES A LA GESTION DE LA COMMUNICATION ENTRE SOIGNANTS, PATIENTS ET TIERS**

Patent Applicant/Assignee:

REALYHEALTH CORPORATION, 1900 Powell Street, Suit 600, Emeryville, CA 94608, US, US (Residence), US (Nationality)

Inventor(s):

BAHARAV Ofir, 4280 Los Palos Circle, Palo Alto, CA 94306, US,  
WEINSTEIN David R, 2 Sceni Court, Danville, CA 94506, US,  
ATHANASOULIS Marcos, 277 Amherst Avenue, Kensington, CA 94708, US,  
ZIMMERMAN Eric M, 300 N. San Pedro Court, San Rafael, CA 94903, US,

Legal Representative:

GLENN Michael (et al) (agent), Glenn Patent Group, 3475 Edison Way, Ste. L., Menlo Park, CA 94025, US,

Patent and Priority Information (Country, Number, Date):

Patent: WO 200367388 A2 20030814 (WO 0367388)  
Application: WO 2003US3566 20030205 (PCT/WO US0303566)  
Priority Application: US 2002354836 20020205

Designated States: AE AL AM AT AU AZ BA BB BG BR BY CA CH CN CR CU CZ DE DK DM EE ES FI GB GD GE GH GM HR HU ID IL IN IS JP KE KG KP KR KZ LC LK LR LS LT LU LV MA MD MG MK MN MW MX NO NZ PL PT RO RU SD SE SG SK SL TJ TM TR TT TZ UA UG UZ VN YU ZA ZW  
(EP) AT BE BG CH CY CZ DE DK EE ES FI FR GB GR HU IE IT LU MC NL PT SE SI SK TR  
(OA) BF BJ CF CG CI CM GA GN GQ GW ML MR NE SN TD TG  
(AP) GH GM KE LS MW MZ SD SL SZ TZ UG ZM ZW  
(EA) AM AZ BY KG KZ MD RU TJ TM

Publication Language: English

Filing Language: English

Fulltext Word Count: 10686

Fulltext Availability:

Detailed Description

Detailed Description

... provider messaging that incorporates a feature set designed specifically for healthcare, including integrated eligibility checking, **fee** and co-pay **collection**, electronic prescribing, coding, electronic referrals, and messaging forms designed to facilitate appointment scheduling, prescription refills...investments. It would also be an 1 0 advantage to provide the online consultations with **health care providers** that included scripted interviews and questionnaires. Finally, R would be a significant advance to provide...

...OF THE INVENTIO

The invention provides a distributed system and method for managing communication among **healthcare providers**, patients and **third parties**. Providers, patients and **third parties** such as pharmacists or insurance carriers interact with each

10/3,K/2 (Item 2 from file: 349)  
DIALOG(R)File 349:PCT FULLTEXT  
(c) 2003 WIPO/Univentio. All rts. reserv.

00788822

\*\*Image available\*\*

**SYSTEM FOR PAYMENT OF SERVICE FEES**

**SYSTEME DE PAIEMENT DE FRAIS DE SERVICES**

Patent Applicant/Inventor:

MARTIN Pamela R, 125 Coastal River Drive, Lawrenceville, GA 30043, US, US  
(Residence), US (Nationality)

THOMPSON Brian T, 2398 Cedar Drive, Lawrenceville, GA 30043, US, US  
(Residence), US (Nationality)

Legal Representative:

COLTON Laurence P (agent), Technoprop Colton LLC, P.O. Box 567685,  
Atlanta, GA 31156-7685, US,

Patent and Priority Information (Country Number Patent)

Patent: WO 200122338

Application: WO 2000US26285

Priority Application: US 99405325 19

26285)

Parent Application/Grant:

Related by Continuation to: US 99405

Designated States: AE AG AL AM AT AU A

DE DK DM DZ EE ES FI GB GD GE GH GM

LC LK LR LS LT LU LV MA MD MG MK MN

SI SK SL TJ TM TR TT TZ UA UG US UZ

(EP) AT BE CH CY DE DK ES FI FR GB G

(OA) BF BJ CF CG CI CM GA GN GW ML MR NE SN TD TG

(AP) GH GM KE LS MW MZ SD SL SZ TZ UG ZW

(EA) AM AZ BY KG KZ MD RU TJ TM

H CN CR CU CZ

KG KP KR KZ

RU SD SE SG

Publication Language: English

Filing Language: English

Fulltext Word Count: 4321

Fulltext Availability:

Detailed Description

Claims

Detailed Description

... 12 is run as a for profit organization. Additionally or alternatively, clearinghouse 12 also can **collect** an administrative **fee** from patient 16 to cover such items as application costs and the like, and an administrative fee from **doctor** 14.

Patient 16 then can obtain from primary care doctor 14 the agreed upon services...

Claim

... in Claim I in combination with an insurance coverage product.

13 A system for the **payment** of medical **fees** comprising:

a. **doctors** ;

b. patients; and

c. a **clearinghouse** ,

wherein, the **doctors** subscribe with the **clearinghouse** to provide **medical services** to the patients, the patients subscribe with the **clearinghouse** to receive **medical services** from the **doctors** , the **clearinghouse** collects plan **fees** from the patients and distributes at least a portion of the plan fees to the **doctors** as **payment fees** , and the patients receive **medical services** from the **doctors** .

14 The system characterized in Claim 13, wherein the clearinghouse collects the plan fees from...

...period of time.

15 The system characterized in Claim 14, wherein the clearinghouse distributes the **payment fees** to the **doctors** on a set periodical basis for a set period of time.

16 The system characterized...

13/3,K/1 (Item 1 from file: 349)  
DIALOG(R)File 349:PCT FULLTEXT  
(c) 2003 WIPO/Univentio. All rts. reserv.

00908952 \*\*Image available\*\*

**ANONYMOUS TRANSACTION SYSTEM**  
**SYSTEME DE TRANSACTION ANONYME**

Patent Applicant/Assignee:

NEXTWORTH INC, 410 N.W. 18th Street, #102, Portland, OR 97209, US, US  
(Residence), US (Nationality), (For all designated states except: US)

Patent Applicant/Inventor:

STEELE Dale Everett, 410 N.W. 18th Street, #102, Portland, OR 97209, US,  
US (Residence), US (Nationality), (Designated only for: US)

SILVA Kenneth Alan, 610 N.W. 131st Street, Vancouver, WA 98685, US, US  
(Residence), US (Nationality), (Designated only for: US)

Legal Representative:

FORD Stephen S (agent), Marger Johnson McCollom, P.C., 1030 S.W. Morrison  
Street, Portland, OR 97205, US,

Patent and Priority Information (Country, Number, Date):

Patent: WO 200242982 A2 20020530 (WO 0242982)

Application: WO 2001US44318 20011127 (PCT/WO US0144318)

Priority Application: US 2000253371 20001127

Designated States: AE AG AL AM AT AU AZ BA BB BG BR BY BZ CA CH CN CO CR CU

CZ DE DK DM DZ EC EE ES FI GB GD GE GH GM HR HU ID IL IN IS JP KE KG KP

KR KZ LC LK LR LS LT LU LV MA MD MG MK MN MW MX MZ NO NZ OM PH PL PT RO

RU SD SE SG SI SK SL TJ TM TR TT TZ UA UG US UZ VN YU ZA ZM ZW

(EP) AT BE CH CY DE DK ES FI FR GB GR IE IT LU MC NL PT SE TR

(OA) BF BJ CF CG CI CM GA GN GQ GW ML MR NE SN TD TG

(AP) GH GM KE LS MW MZ SD SL SZ TZ UG ZM ZW

(EA) AM AZ BY KG KZ MD RU TJ TM

Publication Language: English

Filing Language: English

Fulltext Word Count: 15770

Fulltext Availability:

Claims

Claim

... was accepted. This could be done in a variety of ways, such as having  
the **intermediary** 200 **send** the consumer's personal information  
profile 235 to the supplier 215 or have the...closing cost associated  
with a credit card offer, but there might be a required annual **fee** .

15

Fig. 7 is an example of how the intermediary provides information about  
offers to...the offer into the existing library of offers. The supplier  
specifies the interest rate and **fees** associated with the offer on line  
806. The data entry blocks on line 808 are...

...use the ATS can include financial services, credit cards, asset  
purchase, asset auction, medical insurance, **medical services**, life  
insurance, auto insurance, auto leasing, business loans, business  
leasing, dating services, retail, commercial, application...

...permitted to request offers for, the suppliers who may make offers to  
their consumers, the **fee** they will charge suppliers for making offers  
to their consumer, the **fee** they will charge suppliers for receiving  
acceptances from their consumers, maximum

18

supplier charged interest rates and **fees** for products, minimum supplier  
paid interest rates for products, etc. The ATS, distributors or multiple  
levels of distributors may set offer **fees** based on the competitive  
ranking of the offer relative to other offers transmitted to consumers...

...prior to transmission of an anonymous transaction profile to processors  
or after receiving offers. Offer **fees** may be set based in part on the

amount of offer content provided by the...

...to the requestor. However, suppliers can also be selected not having offices near to the **distributor** offices or the offices of **third-party** suppliers. The ATS, **distributors** or multiple levels of distributors may be notified when new suppliers are entered into the...

...options to select

19

or exclude the new suppliers. Maximum supplier charged interest rates and **fees** can be selected based on any criteria, including determination of predatory or high-cost interest rates, **fees**, costs, loans and credit. Fig. 9 shows a complete service configuration for the Anonymous Transaction...

...a request for offer 1006 based on the options established by the ATS 1002. An **intermediary** or **distributors** 1004 can manage the process on behalf of the consumer 1000; completing the request for...insurance company providing a consumer citation, accident or claims history; a health insurance company providing **medical** record **services**; or a **medical services provider** providing a record of personal **doctor** visits, diagnoses, **medical services** and procedures obtained, symptoms, observations, recommendations and referrals. In another example, the third-party 1008 ...the supplier locations. Suppliers 1036 can exclude distributors 1004 based on products supplied by the **distributor** or supplied by **third parties** through the 15 **distributor**. Suppliers 1036 can be notified when new distributors 1004 are added to the ATS 1002...

...for any one offer.

The ATS 1002 and other registry and indexing services may charge **fees** to consumers, distributors, and suppliers for each offer request 1006, saving an offer request, requesting...

...an offer 1034, or transmitting a consumer acceptance and entry into a registry service. The **fees** may be set based on any criteria including consumer type, product type, distributor type, supplier...

13/3,K/2 (Item 2 from file: 349)

DIALOG(R)File 349:PCT FULLTEXT

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00828062 \*\*Image available\*\*

#### WORKERS' COMPENSATION INFORMATION PROCESSING SYSTEM

#### SYSTEME DE TRAITEMENT D'INFORMATIONS RELATIVES A L'INDEMNISATION POUR ACCIDENT DE TRAVAIL

Patent Applicant/Assignee:

STELLARNET INC, 1211 North California Boulevard, Suite 570, Walnut Creek, CA 94596, US, US (Residence), US (Nationality), (For all designated states except: US)

Patent Applicant/Inventor:

STEVENS John R, 2200 Sacramento Street #803, San Francisco, CA 94115, US, US (Residence), US (Nationality), (Designated only for: US)

WILSON Sheryl Lee, 2043 Gill Port Lane, Walnut Creek, CA 94598, US, US (Residence), US (Nationality), (Designated only for: US)

Legal Representative:

KREBS Robert E (agent), Burns, Doane, Swecker & Mathis, LLP, P.O. Box 1404, Alexandria, VA 22313-1404, US,

Patent and Priority Information (Country, Number, Date):

Patent: WO 200161608 A1 20010823 (WO 0161608)

Application: WO 2001US5138 20010216 (PCT/WO US0105138)

Priority Application: US 2000506432 20000217

Parent Application/Grant:



Related by Continuation to: US 2000506432 20000217 (CON)

Designated States: AE AG AL AM AT AU AZ BA BB BG BR BY BZ CA CH CN CR CU CZ  
DE DK DM DZ EE ES FI GB GD GE GH GM HR HU ID IL IN IS JP KE KG KP KR KZ  
LC LK LR LS LT LU LV MA MD MG MK MN MW MX MZ NO NZ PL PT RO RU SD SE SG  
SI SK SL TJ TM TR TT TZ UA UG US UZ VN YU ZA ZW  
(EP) AT BE CH CY DE DK ES FI FR GB GR IE IT LU MC NL PT SE TR  
(OA) BF BJ CF CG CI CM GA GN GW ML MR NE SN TD TG  
(AP) GH GM KE LS MW MZ SD SL SZ TZ UG ZW  
(EA) AM AZ BY KG KZ MD RU TJ TM

Publication Language: English

Filing Language: English

Fulltext Word Count: 7367

Fulltext Availability:

Claims

#### Claim

- ... paid automatically with an electronic transfer between provider and payee. Fig. 1 illustrates a Workers' **Compensation** claim verification system of one embodiment of the present invention. A provider computer 40 has...
- ...a preferred embodiment, a number of different providers (not shown) are connected to the Workers' **Compensation** claim verification system 44. The WO 01/61608 PCT/USOI/05138 provider's likelihood of attempting to get a Workers' **Compensation** claim number. Additionally, In one embodiment, the Workers' **Compensation** software includes medical report and billing software which automatically makes inquiry as to the Workers' **Compensation** claim number and inserts the claim number, once obtained, into reports and bills to be sent out. The system automatically attempts to get a Workers' **Compensation** claim number whenever a report or bill is to be transmitted. The advantage of the...
- ...the payer is that more of the reports and bills are received having a Workers' **Compensation** claim number attached. This reduces the number of unmatched bills and speeds up the processing...
- ...correct bills can be paid quickly which reduces the problem of duplicate bills.  
The Workers' **Compensation** claim verification system 44 is also not payer system dependent. Multiple payers' data can be stored in the Workers' **Compensation** claim verification system 44. The provider need only interface with the Workers' **Compensation** claim verification system 44 rather than interfacing with a variety of different payers. The system...
- ...the provider. The payer computer systems are more likely to be notified of a Workers' **Compensation** claim which requires a Workers' **Compensation** claim number. This prompts the employer to more quickly report the incidents and for the...
- ...can be reduced since the delay in the system is reduced.  
Note that the Workers' **Compensation** inquiry sent to the Workers' **Compensation** claim verification system can be batched in some circumstances, For example, for large-scale providers such as billing services, it makes sense to batch all inquiries until nighttime. The Workers' **Compensation** claim verification system of the present invention can be arranged in alternate ways. If a large number of provider computers and payer computers become associated with the Workers' **Compensation** claim verification system, the system in effect acts as a clearing house for a large amount of Workers' **Compensation** claim number data.  
In another embodiment of the present invention, the payer's computer sends to the Workers' **Compensation** claim verification system computers

provider accesses a web page which allows the input of information to identify a Workers' **Compensation** claim. The Workers' **Compensation** claim verification service then checks a database to determine the Workers' **Compensation** number corresponding to this claim. Fig. 8B illustrates the resulting web page based upon the...

...and reports. Fig. 8C illustrates an alert E-mail which is sent by the Workers' **Compensation** server 102 to the payer computer to notify the payer of the potential problem due to lack of a Workers' **Compensation** number assigned to a claim. Fig. 9A illustrates an inquiry form E-mail which is accessible by a provider computer 110 from a Workers' **Compensation** server 102. The system allows the user at the provider computer to input information identifying a bill and request a status for the bill. The Workers' **Compensation** server 102 then produces an E-mail as shown in Fig. 9D which is sent...

...received E-mail includes a link with a Universal Resource (URL) that instructs the Workers' **Compensation** server 102 to produce a dynamically created response form. The dynamically created response form allows...

...10B illustrate sign-in pages for one example of a web page operating the Workers' **Compensation** server system of the present invention. While the above is a complete description of the...

...equally applicable by making appropriate modifications to the embodiment described above. For example, the Workers' **Compensation** software accessed by the provider computer and the software at the payer computer need not...

13/3,K/3 (Item 3 from file: 349)  
 DIALOG(R)File 349:PCT FULLTEXT  
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00806392

**TECHNOLOGY SHARING DURING ASSET MANAGEMENT AND ASSET TRACKING IN A NETWORK-BASED SUPPLY CHAIN ENVIRONMENT AND METHOD THEREOF**  
**PARTAGE TECHNOLOGIQUE LORS DE LA GESTION ET DU SUIVI DU PARC INFORMATIQUE DANS UN ENVIRONNEMENT DU TYPE CHAÎNE D'APPROVISIONNEMENT RESEAUTÉE, ET PROCÉDÉ ASSOCIÉ**

Patent Applicant/Assignee:

ACCENTURE LLP, 1661 Page Mill Road, Palo Alto, CA 94304, US, US  
 (Residence), US (Nationality)

Inventor(s):

MIKURAK Michael G, 108 Englewood Blvd., Hamilton, NJ 08610, US,

Legal Representative:

HICKMAN Paul L (agent), Oppenheimer Wolff & Donnelly, LLP, 38th Floor,  
 2029 Century Park East, Los Angeles, CA 90067-3024, US,

Patent and Priority Information (Country, Number, Date):

Patent: WO 200139086 A2 20010531 (WO 0139086)

Application: WO 2000US32310 20001122 (PCT/WO US0032310)

Priority Application: US 99444653 19991122; US 99447623 19991122

Designated States: AG AL AM AT AU AZ BA BB BG BR BY BZ CA CH CN CR CU CZ DE  
 DK DM DZ EE ES FI GB GE GH GM HR HU ID IL IS JP KE KG KP KR KZ LC LK LR  
 LS LT LU LV MA MD MG MK MN MW MX MZ NO NZ PL PT RO RU SD SE SG SI SK SL  
 TJ TM TR TT TZ UA UG UZ VN YU ZW

(EP) AT BE CH CY DE DK ES FI FR GB GR IE IT LU MC NL PT SE TR

(OA) BF BJ CF CG CI CM GA GN GW ML MR NE SN TD TG

(AP) GH GM KE LS MW MZ SD SL SZ TZ UG ZW

(EA) AM AZ BY KG KZ MD RU TJ TM

Publication Language: English

Filing Language: English

Fulltext Word Count: 156214

Fulltext Availability:

Detailed Description

Detailed Description  
... their underwriting functions.

Still yet another system is adapted for automatically dispensing information, goods and **services** to a customer on a self-service basis including a central data processing center in...

13/3,K/4 (Item 4 from file: 349)  
DIALOG(R)File 349:PCT FULLTEXT  
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00806382

**METHOD FOR AFFORDING A MARKET SPACE INTERFACE BETWEEN A PLURALITY OF MANUFACTURERS AND SERVICE PROVIDERS AND INSTALLATION MANAGEMENT VIA A MARKET SPACE INTERFACE**

**PROCEDE DE MISE A DISPOSITION D'UNE INTERFACE D'ESPACE DE MARCHÉ ENTRE UNE PLURALITE DE FABRICANTS ET DES FOURNISSEURS DE SERVICES ET GESTION D'UNE INSTALLATION VIA UNE INTERFACE D'ESPACE DE MARCHÉ**

Patent Applicant/Assignee:

ACCENTURE LLP, 1661 Page Mill Road, Palo Alto, CA 94304, US, US  
(Residence), US (Nationality)

Inventor(s):

MIKURAK Michael G, 108 Englewood Blvd., Hamilton, NJ 08610, US,

Legal Representative:

HICKMAN Paul L (et al) (agent), Oppenheimer Wolff & Donnelly LLP, 1400  
Page Mill Road, Palo Alto, CA 94304, US,

Patent and Priority Information (Country, Number, Date):

Patent: WO 200139028 A2 20010531 (WO 0139028)

Application: WO 2000US32308 20001122 (PCT/WO US0032308)

Priority Application: US 99444773 19991122; US 99444798 19991122

Designated States: AE AG AL AM AT AU AZ BA BB BG BR BY BZ CA CH CN CR CU CZ

DE DK DM DZ EE ES FI GB GE GH GM HR HU ID IL IS JP KE KG KP KR KZ LC LK

LR LS LT LU LV MA MD MG MK MN MW MX MZ NO NZ PL PT RO RU SD SE SG SI SK

SL TJ TM TR TT TZ UA UG UZ VN YU ZW

(EP) AT BE CH CY DE DK ES FI FR GB GR IE IT LU MC NL PT SE TR

(OA) BF BJ CF CG CI CM GA GN GW ML MR NE SN TD TG

(AP) GH GM KE LS MW MZ SD SL SZ TZ UG ZW

(EA) AM AZ BY KG KZ MD RU TJ TM

Publication Language: English

Filing Language: English

Fulltext Word Count: 170977

Fulltext Availability:

Detailed Description

Detailed Description

... exits the ring. Still further, in a line-switched ring, switching is based on the **health** of the line between each pair of nodes. Thus,

33

when a line is faulty...

13/3,K/5 (Item 5 from file: 349)  
DIALOG(R)File 349:PCT FULLTEXT  
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00784143

**SYSTEM, METHOD AND ARTICLE OF MANUFACTURE FOR LOAD BALANCING REQUESTS AMONG SERVERS**

**SYSTEME, PROCEDE ET ARTICLE POUR EQUILIBREUR DE CHARGE DANS UN ENVIRONNEMENT DE STRUCTURES DE SERVICES**

Patent Applicant/Assignee:

ACCENTURE LLP, 1661 Page Mill Road, Palo Alto, CA 94304, US, US

(Residence), US (Nationality)

Inventor(s):

BOWMAN-AMUAH Michel K, 6426 Peak Vista Circle, Colorado Springs, CO 80918  
, US,

Legal Representative:

HICKMAN Paul L (agent), Hickman Coleman & Hughes, LLP, P.O. Box 52037,  
Palo Alto, CA 94303-0746, US,

Patent and Priority Information (Country, Number, Date):

Patent: WO 200116739 A2-A3 20010308 (WO 0116739)

Application: WO 2000US24236 20000831 (PCT/WO US0024236)

Priority Application: US 99387576 19990831

Designated States: AE AG AL AM AT AU AZ BA BB BG BR BY BZ CA CH CN CR CU CZ

DE DK DM DZ EE ES FI GB GD GE GH GM HR HU ID IL IN IS JP KE KG KP KR KZ

LC LK LR LS LT LU LV MA MD MG MK MN MW MX MZ NO NZ PL PT RO RU SD SE SG

SI SK SL TJ TM TR TT TZ UA UG UZ VN YU ZA ZW

(EP) AT BE CH CY DE DK ES FI FR GB GR IE IT LU MC NL PT SE

(OA) BF BJ CF CG CI CM GA GN GW ML MR NE SN TD TG

(AP) GH GM KE LS MW MZ SD SL SZ TZ UG ZW

(EA) AM AZ BY KG KZ MD RU TJ TM

Publication Language: English

Filing Language: English

Fulltext Word Count: 150248

Fulltext Availability:

Detailed Description

Detailed Description

... market research)

What is the budget?

Per developer costs as well as run time licensing **fees**, maintenance costs, support **fees**, and upgrade charges should be considered.

Do I have another component that satisfies this requirement...networks

(VANS) - VANS link EDI trading partners and transmit EDI

messages through a central electronic **clearinghouse**

IBM Global Services' Advantis

GE Information Services

Sterling Commerce

Legacy Integration 1550

Legacy services provide...

13/3,K/6 (Item 6 from file: 349)

DIALOG(R)File 349:PCT FULLTEXT

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00784137

SYSTEM, METHOD, AND ARTICLE OF MANUFACTURE FOR DISTRIBUTED GARBAGE

COLLECTION IN ENVIRONMENT SERVICES PATTERNS

SYSTEME, PROCEDE ET ARTICLE DE FABRICATION EN MATIERE DE RECUPERATION

D'ESPACE REPARTI DANS DES MOTIFS DE SERVICES D'ENVIRONNEMENT

Patent Applicant/Assignee:

ACCENTURE LLP, 1661 Page Mill Road, Palo Alto, CA 94304, US, US

(Residence), US (Nationality)

Inventor(s):

BOWMAN-AMUAH Michel K, 6416 Peak Vista Circle, Colorado Springs, CO 80918  
, US,

Legal Representative:

HICKMAN Paul L (agent), Oppenheimer Wolff & Donnelly, LLP, 1400 Page Mill  
Road, Palo Alto, CA 94304, US,

Patent and Priority Information (Country, Number, Date):

Patent: WO 200116729 A2-A3 20010308 (WO 0116729)

Application: WO 2000US24238 20000831 (PCT/WO US0024238)

Priority Application: US 99386435 19990831

Designated States: AE AG AL AM AT AU AZ BA BB BG BR BY BZ CA CH CN CR CU CZ

DE DK DM DZ EE ES FI GE GD GE GH GM HR HU ID IL IN IS JP KE KG KP KR KZ  
LC LK LR LS LT LU LV MA MD MG MK MN MW MX MZ NO NZ PL PT RO RU SD SE SG  
SI SK SL TJ TM TR TT TZ UA UG UZ VN YU ZA ZW  
(EP) AT BE CH CY DE DK ES FI FR GB GR IE IT LU MC NL PT SE  
(OA) BF BJ CF CG CI CM GA GN GW ML MR NE SN TD TG  
(AP) GH GM KE LS MW MZ SD SL SZ TZ UG ZW  
(EA) AM AZ BY KG KZ MD RU TJ TM

Publication Language: English

Filing Language: English

Fulltext Word Count: 150959

Fulltext Availability:

Detailed Description

Detailed Description

... market research)

What is the budget?

Per developer costs as well as run time licensing **fees** , maintenance costs, support **fees** , and upgrade charges should be considered.

Do I have another component that satisfies this requirement...

13/3,K/7 (Item 7 from file: 349)

DIALOG(R)File 349:PCT FULLTEXT

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00776241 \*\*Image available\*\*

**SYSTEM FOR INSURANCE PAYING FOR COUNTERCLAIMS IN THE EVENT OF IMPROPER LAWSUITS**

**SYSTEME DE PAIEMENT D'ASSURANCE POUR DEMANDES RECONVENTIONNELLES EN CAS DE POURSUITES MALVEILLANTES**

Patent Applicant/Inventor:

SEGAL Jeffrey J, 1 Staunton Court, Greensboro, NC 27410, US, US

(Residence), US (Nationality)

Legal Representative:

JACKSON Robert R, Fish & Neave, 1251 Avenue of the Americas, New York, NY 10020, US

Patent and Priority Information (Country, Number, Date):

Patent: WO 200109797 A1 20010208 (WO 0109797)

Application: WO 2000US21045 20000802 (PCT/WO US0021045)

Priority Application: US 99365437 19990802; US 99420768 19991018

Designated States: AE AG AL AM AT AU AZ BA BB BG BR BY BZ CA CH CN CR CU CZ

DE DK DM DZ EE ES FI GB GD GE GH GM HR HU ID IL IN IS JP KE KG KP KR KZ

LC LK LR LS LT LU LV MA MD MG MK MN MW MX MZ NO NZ PL PT RO RU SD SE SG

SI SK SL TJ TM TR TT TZ UA UG UZ VN YU ZA ZW

(EP) AT BE CH CY DE DK ES FI FR GB GR IE IT LU MC NL PT SE

(OA) BF BJ CF CG CI CM GA GN GW ML MR NE SN TD TG

(AP) GH GM KE LS MW MZ SD SL SZ TZ UG ZW

(EA) AM AZ BY KG KZ MD RU TJ TM

Publication Language: English

Filing Language: English

Fulltext Word Count: 21882

Fulltext Availability:

Claims

Claim

... data network

such as the Internet--, -the application da-ta can be entered by the **physician** into system 510 directly at 534 via modem or router 532 (as examples of compu...

...At -rest 21, it, is determined (by

reference -to -the application data) whether the applicant

**fees** , as well as or- disbursements or expenses incurred by the attorney on behalf of the countersuit plaintiff-**physician** . Bills for such disbursements or expenses could  
- 26  
also come directly to the...

...countersuit- has terminated, then it is determined at- rest 44 whether or not the **physician** prevailed in the countersuit. If not, process 10 ends at 17. If at- rest- 44 it, is determined that the **physician** did prevail, then at, test 45 it is determined whether or not damages were awarded...

...to  
the policy terms, which could specify any percentage, including 0%) is collected from the **physician** . If at- rest, 46 it, is determined that damages that, were awarded have not...at Generate Documentation 398, and there follows Send Data to Underwriting Computer System 310 400, **Send** Data to **Intermediary** Computer System 302 402, and **Send** Data to Carrier Computer System 306 404, and a Return. Consider particularly several features...

...for a remedy against  
false/fraudulent expert witness testimony. The benefit can include reasonable **fees** and costs for review and analysis as to whether a medical or other expert witness...

...2) All applicable State Medical Licensing Board(s) and/or any state agency responsible for **physician** disciplinary actions.

(3) All applicable Country, State and/or National Medical Association(s)...

...s counsel for a violation of the code of professional responsibility. The benefit- includes reasonable **fees** and costs for review and analysis as to whether plaintiff's attorney, e.g., in...

13/3,K/8 (Item 8 from file: 349)  
DIALOG(R) File 349:PCT FULLTEXT  
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00761431

**A SYSTEM, METHOD, AND ARTICLE OF MANUFACTURE FOR PROVIDING COMMERCE-RELATED WEB APPLICATION SERVICES**

**SYSTEME, PROCEDURE ET ARTICLE MANUFACTURE DESTINES A LA FOURNITURE DE SERVICES D'APPLICATION DANS LE WEB LIES AU COMMERCE**

Patent Applicant/Assignee:

ACCENTURE LLP, 100 South Wacker Drive, Chicago, IL 60606, US, US  
(Residence), US (Nationality)

Inventor(s):

GUHEEN Michael F, 2218 Mar East Street, Tiburon, CA 94920, US,  
MITCHELL James D, 3004 Alma, Manhattan Beach, CA 90266, US,  
BARRESE James J, 757 Pine Avenue, San Jose, CA 95125, US,

Legal Representative:

BRUESS Steven C (agent), Merchant & Gould P.C., P.O. Box 2903,  
Minneapolis, MN 55402-0903, US,

Patent and Priority Information (Country, Number, Date):

Patent: WO 200073957 A2-A3 20001207 (WO 0073957)

Application: WO 2000US14420 20000525 (PCT/WO US0014420)

Priority Application: US 99321492 19990527

Designated States: AE AG AL AM AT AT (utility model) AU AZ BA BB BG BR BY

. . . CA CH CN CR CU CZ CZ (utility model) DE DE (utility model) DK DK (utility model) DM DZ EE EE (utility model) ES FI FI (utility model) GB GD GE GH GM HR HU ID IL IN IS JP KE KG KP KR KR (utility model) KZ LC LK LR LS LT LU LV MA MD MG MK MN MW MX MZ NO NZ PL PT RO RU SD SE SG SI SK SK (utility model) SL TJ TM TR TT TZ UA UG UZ VN YU ZA ZW (EP) AT BE CH CY DE DK ES FI FR GB GR IE IT LU MC NL PT SE (OA) BF BJ CF CG CI CM GA GN GW ML MR NE SN TD TG (AP) GH GM KE LS MW MZ SD SL SZ TZ UG ZW (EA) AM AZ BY KG KZ MD RU TJ TM

Publication Language: English

Filing Language: English

Fulltext Word Count: 150171

Fulltext Availability:

Detailed Description

Detailed Description

... up to I 00 nodes.

Product features include the following.

Monitoring of events and network **health** for multiple local and remote environments

Distribution of management data

Management of file systems, print...of tools as not all tools are capable of controlling functions remotely. If control is **centralized**, technical expertise at **distributed** sites will not be necessary. This may, however, mean that a more complex, expensive tool...

:

?ds

Set	Items	Description
S1	9	AU=(MARTIN, P? OR MARTIN P? OR THOMPSON, B? OR THOMPSON B?)
S2	6721	(CLEARINGHOUSE? OR CLEARING()HOUSE? OR CENTRALIZ? OR CENTRALIS? OR OUTSOURC? OR THIRD() (PARTY OR PARTIES) OR INTERMEDIAR? OR AFFILIATE OR AFFILIATES)
S3	72	(COLLECT? OR PAYMENT? OR BILLING?) (3N) (FEE OR FEES OR COMPENSATION?)
S4	1317	(MEDICAL OR HEALTH OR HEALTHCARE? OR HEALTH()CARE? OR LEGAL) (1W) (PROVIDER? OR SUBSCRIBER? OR SERVICE?) OR PRACTITIONER? OR PHYSICIAN OR DOCTOR OR DOCTORS
S5	0	S2(5N) (DISTRIBUT? OR DELIVER? OR SEND OR SENDS OR SENDING)
S6	0	AOM?() (OPEN? OR START()UP?)
S7	0	S1 AND S3
S8	10	S2 AND S3
S9	7	S8 NOT PY>1999
S10	7	S2(5N)S4
S11	7	S10 NOT S9
S12	3	S11 NOT PY>1999
?		



9/5/1

DIALOG(R) File 256:SoftBase:Reviews,Companies&Prods.  
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02731099 DOCUMENT TYPE: Company

**Advantage Payroll Services Inc (731099)**

126 Merrow Rd PO Box 1330  
Auburn, ME 04211-1330 United States  
TELEPHONE: (207) 784-0178  
TOLL FREE TELEPHONE NUMBER: (800) 876-0178  
HOMEPAGE: <http://www.advantagepayroll.com>

RECORD TYPE: Directory

CONTACT: Sales Department

ORGANIZATION TYPE: Corporation

STATUS: Active

Advantage Payroll Services Incorporated, founded in 1967, is one of the top five payroll service providers in the United States. The company offers over 50,000 clients a wide range of payroll management programs. Advantage Payroll Services also provides its small and mid-sized business customers with tax filing, direct deposit, and other services. The firm's Instant Payroll (R) product allows users to manage payrolls over the Web. Its Advantage401K, offered in conjunction with General American Retirement Plans Group, provides human resources departments with retirement planning support services. Advantage Payroll Services' Advantage Workers' **Compensation Premium Payment Service**, offered in conjunction with The Hartford, streamlines worker compensation expense management. The company maintains 42 offices in 26 states.

SALES: NA

DATE FOUNDED: 1967

PERSONNEL: Lathrop, Charles W, Jr, Chief Executive Officer; Lathrop, Charles W, Jr, President; McGrail, Peter, VP; McGrail, Peter, Chief Financial Officer; Horrisberger, Philip, VP Business Development; French, Nancy W, VP; Meagher, David R, VP Sales; Meagher, David R, VP Marketing; Poling, Thomas G, VP Product Development; Amoroso, Greg, VP Finance

DESCRIPTORS: **Outsourcing** ; Payroll

REVISION DATE: 20030204

9/5/2

DIALOG(R) File 256:SoftBase:Reviews,Companies&Prods.  
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01795038 DOCUMENT TYPE: Product

**PRODUCT NAME: iCopyright.com (795038)**

iCopyright Inc (677868)  
200 Mill Ave S #400  
Renton, WA 98055 United States  
TELEPHONE: (425) 430-4555

RECORD TYPE: Directory

CONTACT: Sales Department

iCopyright.com from iCopyright offers publishers a new but familiar method

of licensing their content. iCopyright.com utilizes a special symbol, usually the copyright symbol, and an IP (intellectual property) meter to control Internet users' access to content. When it detects an attempt to access content that has the special symbol activated, iCopyright.com provides searchers with information about the content's licensing requirements. They can then accept the terms of the license and order the content in their preferred format. The order is sent automatically to a designated rights and permissions **clearinghouse**, which **collects** license **fees** and produces regular reports to publishers. iCopyright.com's IP Meter can tag content so that subsequent uses of the material always reference the source; subsequent users/readers of the content know how and where to purchase the content. iCopyright.com can clear offline as well as electronic content. For example, publishers can sell reprints of nondigital articles via their Web sites. The software permits publishers to license offline content through their own telephone or Web system or through a **third - party clearinghouse**. Publishers simply add a URL or phone contact information to each printed page.

DESCRIPTORS: Content Management; Copyrights; Electronic Publishing;  
Internet Marketing; Multimedia; Music; Publishing; Software Marketing

HARDWARE: Hardware Independent

OPERATING SYSTEM: Open Systems

PROGRAM LANGUAGES: Not Available

TYPE OF PRODUCT: Micro

POTENTIAL USERS: Publishers who Want to Publish (for a fee) on the  
Internet or Market Offline Content on the Internet

PRICE: Available upon request

REVISION DATE: 20000704

9/5/3

DIALOG(R) File 256:SoftBase:Reviews,Companies&Prods.

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01664171

DOCUMENT TYPE: Product

**PRODUCT NAME: eFX Internet Trading System (664171)**

Spot Systems Inc (422517)

180 Montgomery #1550

San Francisco, CA 94104 United States

TELEPHONE: (415) 982-8150

RECORD TYPE: Directory

CONTACT: Sales Department

eFX Internet Trading System extends banking services to the customers' desks, allowing them immediate access to foreign exchange and international payments services utilizing real-time FX rates. This Web-enabled, browser-based, foreign exchange product allows corporate customers, branches and correspondents to execute foreign exchange spot and forward transactions, drawdown contracts, originate drafts and send wires via the Internet from their offices. All transaction requests are submitted to SPOTSERVER, a sophisticated middleware system that provides security, rate quotation and limit monitoring services during the remote trading process and follow-up status reporting of complete transactions after execution. Upon receiving a quote, the customer has a specified period of time to accept or decline it before it expires. The bank maintains full control of the rates quoted to a customer through a **collection** of rate and **fee** schedules, tailored by individual customer and transaction size. After rate acceptance by the customer, the transaction is sent electronically and recorded on a **centralized** database so that Foreign Exchange, DDA, and Wire Systems have immediate access to the information. The set of systems

residing at the host location can access the centralized database to reflect the new transaction in real-time.

DESCRIPTORS: Banks; E-Banking; E-Payment; Financial Institutions; Foreign Exchange; Global Finance; OLTP

HARDWARE: IBM PC & Compatibles  
OPERATING SYSTEM: Open Systems; Windows; Windows NT/2000  
PROGRAM LANGUAGES: Not Available  
TYPE OF PRODUCT: Mainframe; Mini; Micro  
POTENTIAL USERS: Banks  
PRICE: Available upon request  
REVISION DATE: 20020330

9/5/4

DIALOG(R) File 256:SoftBase:Reviews,Companies&Prods.  
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00120797 DOCUMENT TYPE: Review

PRODUCT NAMES: Company--Pinnacor Inc (869562)

TITLE: Chiat's New Day: The old ad legend is walking tall in new media...  
AUTHOR: Barack, Lauren  
SOURCE: Business 2.0, p130(2) Dec 1999  
ISSN: 1080-2681  
HOMEPAGE: <http://www.business2.com>

RECORD TYPE: Review  
REVIEW TYPE: Company

Advertising legend' Jay Chiat now runs ScreamingMedia, formerly a Web-based advertising agency that now works on developing content-linked e-commerce. ScreamingMedia looks for content from various media outlets, including the New York Times Syndicate and AP online, and sells that content to **third-party** World Wide Web sites with either a content or e-commerce emphasis. ScreamingMedia constructs an individual filter for each World Wide Web site, screening for stories that meet the site's content emphasis and requirements. For instance, Seafood.com, a ScreamingMedia client, will be shown a collection of stories from the content network during the day that focus on the purchase and sales of seafood. The stories are sent to an editor's computer, the editor clicks the desired stories, and the stories automatically show up on the site. World Wide Web sites pay a monthly subscription fee for the service, between \$500 and thousands of dollars, based on the number of stories published and the type of site. ScreamingMedia and original content providers each get a part of the **fee**, and ScreamingMedia also **collects** a one-time charge, usually \$2,000, for constructing a World Wide Web site filter and linking it to its network. ScreamingMedia is an infomediary that provides sites with content that pulls in viewers/readers and increases site traffic.

COMPANY NAME: Pinnacor Inc (671371)  
DESCRIPTORS: Advertising; Advertising Agencies; Internet Marketing; Web Site Design  
REVISION DATE: 20021226

9/5/5

DIALOG(R) File 256:SoftBase:Reviews,Companies&Prods.  
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00115195 DOCUMENT TYPE: Review

PRODUCT NAMES: Qpass Content Transaction Network (741507); CyberCash

InstaBuy (738778)

**TITLE:** Round Two for Internet Payments

**AUTHOR:** Karpinski, Richard

**SOURCE:** InternetWeek, v756 p13(1) Mar 15, 1999

**ISSN:** 0746-8121

**HOME PAGE:** <http://www.internetwk.com>

**RECORD TYPE:** Review

**REVIEW TYPE:** Product Analysis

**GRADE:** Product Analysis, No Rating

Qpass' Qpass Content Transaction Network, CyberCash's CyberCash InstaBuy, and Ewallet's namesake product are highlighted in a discussion of an industry effort to bolster use of two Internet payment technologies, micropayments and electronic wallets, and of new ways that ease online payment. Qpass' Content Transaction Network, a service that sells digital content over the Web, has as members Morningstar and 'The Wall Street Journal,' both of which sell news, reports, and financial information on a fee-per-view basis. InstaBuy provides a server-based store of purchasing information reusable at participating sites, while eWallet is a downloadable application that permits users to store data on a PC, and to drag it to a merchant site to fill in forms automatically. One analyst indicates that online users hate the fact that they have to repeatedly re-enter information into sites. Micropayments provide a way to **collect** small **fees** for viewing content, and could be useful for such purchases as gift certificates. The 'Journal' will use Qpass to sell daily and weekly view of content, and was chosen for its **outsourced** infrastructure. Users can register at any Qpass-ready site; they then have purchasing rights on any Qpass network site. No client code is needed, as the service operates via a browser. Qpass Integration Pack links to the Qpass back end. CyberGold recently announced a network-centered method that allows payment for content with micropayments.

**COMPANY NAME:** Qpass Inc (659843); VeriSign Inc (610224)

**SPECIAL FEATURE:** Charts

**DESCRIPTORS:** E-Payment; Internet Marketing; Internet Utilities; News Services; Publishing; Retailers

**REVISION DATE:** 20020430

9/5/6

DIALOG(R)File 256:SoftBase:Reviews,Companies&Prods.

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00110682

**DOCUMENT TYPE:** Review

**PRODUCT NAMES:** Company--Dow Jones & Co Inc (857891)

**TITLE:** Selling Information From Everywhere

**AUTHOR:** Andrews, Whit

**SOURCE:** Internet World, v4 n28 p19(2) Sep 7, 1998

**ISSN:** 1097-8291

**HOME PAGE:** <http://www.iw.com>

**RECORD TYPE:** Review

**REVIEW TYPE:** Company

Dow Jones Interactive has forged deals with many **affiliates** as part of a strategy designed to provide universal access to its database of 5,000 publications. Dow Jones Interactive is betting on a winnowing effect that will work for archived newsfeeds, just as it does for vendors of records, books, and personal ads. **Affiliates** will get a percentage of the **fee collected** for each story viewed in full. Partners will be encouraged to create live links to a results area of the Interactive library. A toolkit

will allow partners to construct a link that could, for example, say 'Read today's headlines with Microsoft and the Justice Department in the stories, from the top 40 papers in the country.' Visitors will be able to purchase information from the Dow Jones Web site directly as well, but the company will not publicize it. The offerings could be attractive to corporate users who pay a set fee for each user to gain access to the publications library and 'The Wall Street Journal Interactive.' For instance, if a corporate user surfs to a site that includes Dow Jones Interactive content and gains access to the story, the user is not charged, since the site recognizes the corporate user as a paid subscriber. However, the content site with the link to Dow Jones still gets a fee. Among Dow Jones' first partners are MSNBC, ZDNet, PointCast, and Stockpoint.

COMPANY NAME: Dow Jones & Co Inc (232742)  
DESCRIPTORS: Content Providers; Financial Information; News Services;  
Software Marketing; Stock Market  
REVISION DATE: 20020703

9/5/7

DIALOG(R) File 256:SoftBase:Reviews,Companies&Prods.  
(c)2003 Info.Sources Inc. All rts. reserv.

00099583 DOCUMENT TYPE: Review

PRODUCT NAMES: Web Servers (836974)

TITLE: Buyer's Guide: Web server viewmasters  
AUTHOR: Gibbs, Mark  
SOURCE: Network World, v13 n49 p40(4) Dec 2, 1996  
ISSN: 0887-7661  
HOMEPAGE: <http://www.nwfusion.com>

RECORD TYPE: Review  
REVIEW TYPE: Product Analysis  
GRADE: Product Analysis, No Rating

Internet/World Wide Web server management tools allow users to look into Web problems and stay ahead of potential problems. The tools can be standalone applications, features bundled with Web server software, or authoring tools that tell users how well a site operates, what is stored on it, who is visiting, and what they are using. However, no one product performs all these functions, although vendors should have full-featured offerings available in a few years. Current users will have to mix products, including those that map the Web site's contents show particularized data, and those that describe the behavior of users linking to the server. They also need a hyperlink monitoring system, and one that monitors server performance. Log analyzers analyze server logs, showing the amount of traffic coming to the server, find speed bumps, and discover when and how a server becomes overloaded. Content management software tracks storage locations of all text graphics, and other files used to create Web pages. Some describe the size of the pages, track changes to pages, and automatically reconstruct links when pages are added or changed. Others have a filtering function that checks to ensure broken links are not provided in production pages. Users can also **outsource** these tasks to several companies that (for a **fee**) **collect** Web server logs and prepare independent statistical reports on site usage.

COMPANY NAME: Vendor Independent (999999)  
SPECIAL FEATURE: Graphs Charts Buyers Guides  
DESCRIPTORS: Internet Marketing; Internet Utilities; Network  
Administration; Network Management; Network Software; System Monitoring  
; Web Servers; Webmasters  
REVISION DATE: 20020630

12/5/1

DIALOG(R)File 256:SoftBase:Reviews,Companies&Prods.  
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01143111 DOCUMENT TYPE: Product

**PRODUCT NAME: PC-Doctor Service Center 2000 (143111)**

PC-Doctor Inc (563706)  
2200 Powell St #700  
Emeryville, CA 94608 United States

RECORD TYPE: Directory

CONTACT: Sales Department

PC-Doctor's PC-Doctor (R) Service Center 2000 is a diagnostic program that supports computer manufacturing and service center operations. The system is offered in 10 language editions. It includes PC-Doctor Loopback Adapters (TM), which allow users to test external ports and peripherals. Encompassing DOS, Microsoft (R) Windows (R), and Microsoft Windows NT components, the program offers command line, scripting, and burn-in testing features. It includes over 250 hardware test functions. The Microsoft Windows editions of PC- Doctor Service Center 2000 support **third - party** utilities. They include online manuals and context-sensitive help. Results are logged. The PC-Doctor Gameport Loopback Adapter lets technicians verify connectivity of gameport pins. The PC-Doctor Audio Loopback Adapter tests sound output devices, and the PC-Doctor 9-pin Serial Loopback Adapter tests serial communication components.

DESCRIPTORS: Computer Diagnostics; Computer Equipment; Electronics;  
Equipment Maintenance; Field Service; Foreign Language Packages;  
Technical Support

HARDWARE: IBM PC & Compatibles  
OPERATING SYSTEM: DOS; Windows; Windows NT/2000; Windows XP  
PROGRAM LANGUAGES: Not Available  
TYPE OF PRODUCT: Micro  
POTENTIAL USERS: PC Service and Repair, Factory Service  
PRICE: Available upon request

DOCUMENTATION AVAILABLE: Online documentation  
REVISION DATE: 20030518

12/5/2

DIALOG(R)File 256:SoftBase:Reviews,Companies&Prods.  
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01099431 DOCUMENT TYPE: Product

**PRODUCT NAME: Tele Homecare (099431)**

Panasonic Co (572471)  
Panazip PA-3 1 Panasonic Way  
Secaucus, NJ 07094-2999 United States  
TELEPHONE: (201) 348-7000

RECORD TYPE: Directory

CONTACT: Sales Department

Panasonic's Tele Homecare allows health practitioners to monitor and care for homebound patients. Tele Homecare employs the Internet in establishing communications channels with patients. Terminals installed in patient homes

transmit data to centralized health provider systems. Doctors or care managers then can check vital sign measurements and, using video/phone cameras, communicate with patients. Employing the system, health practitioners can also deliver instructions and educational material to end users. Tele Homecare allows providers to monitor patients while also meeting insurance policy restrictions and reducing office visits. The system's patient terminal offers straightforward voice and picture navigation options. Upgrades are loaded automatically to terminals by network servers. Tele Homecare's patient terminals include thermometer, blood pressure sensor, and digital camera features.

DESCRIPTORS: Health Care; Home Health Care; Instrument Control; Patient Care; Telemedicine

HARDWARE: Proprietary Hardware

OPERATING SYSTEM: Proprietary Operating Environment

PROGRAM LANGUAGES: Not Available

TYPE OF PRODUCT: Micro

POTENTIAL USERS: Medical Patients, Health Care Providers, Home Health Care

PRICE: Available upon request

REVISION DATE: 020822

12/5/3

DIALOG(R)File 256:SoftBase:Reviews,Companies&Prods.

(c)2003 Info.Sources Inc. All rts. reserv.

00072650

DOCUMENT TYPE: Review

PRODUCT NAMES: VideoVision Studio (421057)

TITLE: Scalpel...Sponge..Camera

AUTHOR: Rose, Carla

SOURCE: Digital Video Magazine, v2 n11 p96(1) Dec 1994

ISSN: 1075-251X

HOME PAGE: <http://www.dv.com>

RECORD TYPE: Review

REVIEW TYPE: Product Analysis

GRADE: Product Analysis, No Rating

Through laparoscopic surgery, surgeons use fiber optics and tiny surgical tools through a small cut. Surgeons view the work on a video monitor, and the procedures are recorded on videotape. An instructor of laparoscopic surgery has a large library of these videotapes, but managing the tapes proved difficult. Later, the doctor discovered Radius's VideoVision Studio, and used the Macintosh to title his own videos and save thousands of dollars in outsourcing costs. VideoVision enabled the doctor to edit the video, digitize it, rotoscope it, and label it, and then produce a video that showed the video with all of the vital sections in the right place.

COMPANY NAME: Media 100 Inc (624853)

DESCRIPTORS: Apple Macintosh; Digital Video; Health Care; Health Care Facilities; MacOS; Medical Surgery; Patient Care; Training

REVISION DATE: 20010730

File 9:Business & Industry(R) Jul/1994-2003/Oct 24  
     (c) 2003 Resp. DB Svcs.  
 File 15:ABI/Inform(R) 1971-2003/Oct 25  
     (c) 2003 ProQuest Info&Learning  
 File 20:Dialog Global Reporter 1997-2003/Oct 27  
     (c) 2003 The Dialog Corp.  
 File 95:TEME-Technology & Management 1989-2003/Oct W1  
     (c) 2003 FIZ TECHNIK  
 File 476:Financial Times Fulltext 1982-2003/Oct 27  
     (c) 2003 Financial Times Ltd  
 File 610:Business Wire 1999-2003/Oct 27  
     (c) 2003 Business Wire.  
 File 613:PR Newswire 1999-2003/Oct 27  
     (c) 2003 PR Newswire Association Inc  
 File 624:McGraw-Hill Publications 1985-2003/Oct 24  
     (c) 2003 McGraw-Hill Co. Inc  
 File 634:San Jose Mercury Jun 1985-2003/Oct 25  
     (c) 2003 San Jose Mercury News  
 File 810:Business Wire 1986-1999/Feb 28  
     (c) 1999 Business Wire  
 File 813:PR Newswire 1987-1999/Apr 30  
     (c) 1999 PR Newswire Association Inc

?ds

Set	Items	Description
S1	622	AU=(MARTIN, P? OR MARTIN P? OR THOMPSON, B? OR THOMPSON B?)
S2	1541832	(CLEARINGHOUSE? OR CLEARING()HOUSE? OR CENTRALIZ? OR CENTRALIS? OR OUTSOURC? OR THIRD() (PARTY OR PARTIES) OR INTERMEDIAR? OR AFFILIATE OR AFFILIATES)
S3	69596	(COLLECT? OR PAYMENT? OR BILLING?) (3N) (FEE OR FEES OR COMPENSATION?)
S4	1421742	(MEDICAL OR HEALTH OR HEALTHCARE? OR HEALTH()CARE? OR LEGAL) (1W) (PROVIDER? OR SUBSCRIBER? OR SERVICE?) OR PRACTITIONER? OR PHYSICIAN OR DOCTOR OR DOCTORS
S5	61206	S2(5N) (DISTRIBUT? OR DELIVER? OR SEND OR SENDS OR SENDING)
S6	0	AOM?() (OPEN? OR START()UP?)
S7	0	S1(S) (S3 OR S4)
S8	359	S2(5N)S3
S9	5	S8(5N)S4
S10	5	RD (unique items)
S11	266	S5(5N)S4
S12	0	S11(S)S3
S13	266	S11(S)S2



10/3,K/1 (Item 1 from file: 9)  
DIALOG(R)File 9:Business & Industry(R)  
(c) 2003 Resp. DB Svcs. All rts. reserv.

2571494 Supplier Number: 02571494 (USE FORMAT 7 OR 9 FOR FULLTEXT)  
**HENRY FORD A NERVE CENTER: NEUROSURGERY UNIT BECOMES NATIONAL LEADER**  
(Henry Ford Hospital's neurosurgery performs 2,000 procedures/yr which  
generate approximately \$50 mil in revenue)  
Crain's Detroit Business, p 1  
September 06, 1999  
DOCUMENT TYPE: Journal ISSN: 0882-1992 (United States)  
LANGUAGE: English RECORD TYPE: Fulltext  
WORD COUNT: 972

(USE FORMAT 7 OR 9 FOR FULLTEXT)

TEXT:  
...18 hours.

The relationships are good for business, too, Rosenblum said. The department not only **collects fees** from hospital **affiliates** for its **physician** staff and clinical treatment, but Henry Ford Hospital also gets some referrals of complex cases...

10/3,K/2 (Item 1 from file: 15)  
DIALOG(R)File 15:ABI/Inform(R)  
(c) 2003 ProQuest Info&Learning. All rts. reserv.

00707280 93-56501  
**Looking for a corporate prescription**  
Anonymous  
Pension World Corporate Health Care Report PP: 3-18 May 1993  
ISSN: 0098-1753 JRNL CODE: PWN  
WORD COUNT: 12859

...TEXT: expanding health care costs, with or without global budgeting are bleak. Medicaid's model of **fee** for service **payments** to independent **third party practitioners** is, perhaps, the most inappropriate possible model for a cost-efficient health care delivery system...

10/3,K/3 (Item 2 from file: 15)  
DIALOG(R)File 15:ABI/Inform(R)  
(c) 2003 ProQuest Info&Learning. All rts. reserv.

00419815 88-36648  
**Keeping Outpatient Costs in Check**  
Morrett, Barbara J.  
Business & Health v5n10 PP: 41-43 Aug 1988  
ISSN: 0739-9413 JRNL CODE: BNH

...ABSTRACT: of imperfect Medicare payment formulas. The shift to outpatient facilities has resulted in increases in **practitioners' fees**, insurers' **payments**, and laboratory tests. **Third-party** payers need to review outpatient care, applying the same standards of medical necessity and appropriateness...

10/3,K/4 (Item 1 from file: 20)  
DIALOG(R)File 20:Dialog Global Reporter  
(c) 2003 The Dialog Corp. All rts. reserv.

07108779 (USE FORMAT 7 OR 9 FOR FULLTEXT)

HENRY FORD A NERVE CENTER NEUROSURGERY UNIT BECOMES NATIONAL LEADER  
DAVID BARKHOLZ CRAIN'S DETROIT BUSINESS  
CRAIN'S DETROIT BUSINESS, p1  
September 06, 1999  
JOURNAL CODE: WCDB LANGUAGE: English RECORD TYPE: FULLTEXT  
WORD COUNT: 966

(USE FORMAT 7 OR 9 FOR FULLTEXT)

... 18 hours.

The relationships are good for business, too, Rosenblum said. The department not only **collects fees** from hospital **affiliates** for its **physician** staff and clinical treatment, but Henry Ford Hospital also gets some referrals of complex cases...

10/3,K/5 (Item 1 from file: 476)  
DIALOG(R)File 476:Financial Times Fulltext  
(c) 2003 Financial Times Ltd. All rts. reserv.

0008060461 BOFJPEAAClFT

**Gingrich is good for healthcare: America**

MICHAEL PROWSE

Financial Times, P 20

Monday, October 16, 1995

DOCUMENT TYPE: NEWSPAPER LANGUAGE: ENGLISH RECORD TYPE: FULLTEXT

Word Count: 921

...percentage in the UK. Costs ballooned in recent decades largely because of the reliance on **third - party** insurance and a **fee -for-service payment** system. **Doctors** had an incentive to pad their incomes by providing too many treatments at too high...

File 344:Chinese Patents s Aug 1985-2003/Apr  
 (c) 2003 European Patent Office  
 File 347:JAPIO Oct 1976-2003/Jun(Updated 031006)  
 (c) 2003 JPO & JAPIO  
 File 350:Derwent WPIX 1963-2003/UD,UM &UP=200368  
 (c) 2003 Thomson Derwent  
 File 348:EUROPEAN PATENTS 1978-2003/Oct W03  
 (c) 2003 European Patent Office  
 File 349:PCT FULLTEXT 1979-2002/UB=20031023,UT=20031016  
 (c) 2003 WIPO/Univentio  
 ?ds

Set	Items	Description
S1	6	AU='MARTIN PAMELA L':AU='MARTIN PARRAS LUIS'
S2	2	S1 AND FEES
S3	25	AU='THOMPSON BRIAN':AU='THOMPSON BRIAN V'
S4	2	S3 AND FEES

2/3,K/1 (Item 1 from file: 348)  
DIALOG(R) File 348:EUROPEAN PATENTS  
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01282336

**SYSTEM FOR PAYMENT OF SERVICE FEES**  
**SYSTEME DE PAIEMENT DE FRAIS DE SERVICES**  
PATENT ASSIGNEE:

Martin, Pamela R., (3287240), 125 Crystal River Drive, Lawrenceville, GA 30043, (US), (Applicant designated States: all)  
Thompson, Brian T., (3287250), 2398 Cedar Drive, Lawrenceville, GA 30043, (US), (Applicant designated States: all)

INVENTOR:

Martin, Pamela R., 125 Crystal River Drive, Lawrenceville, GA 30043, (US)  
Thompson, Brian T., 2398 Cedar Drive, Lawrenceville, GA 30043, (US)  
PATENT (CC, No, Kind, Date):

WO 2001022338 010329

APPLICATION (CC, No, Date): EP 2000963763 000922; WO 2000US26285 000922

PRIORITY (CC, No, Date): US 405325 990924

DESIGNATED STATES: AT; BE; CH; CY; DE; DK; ES; FI; FR; GB; GR; IE; IT; LI; LU; MC; NL

EXTENDED DESIGNATED STATES: AL; LT; LV; MK; RO; SI

INTERNATIONAL PATENT CLASS: G06F-017/60

LANGUAGE (Publication,Procedural,Application): English; English; English

**SYSTEM FOR PAYMENT OF SERVICE FEES**

INVENTOR:

Martin, Pamela R ...

2/3,K/2 (Item 1 from file: 349)  
DIALOG(R) File 349:PCT FULLTEXT  
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00788822 \*\*Image available\*\*

**SYSTEM FOR PAYMENT OF SERVICE FEES**  
**SYSTEME DE PAIEMENT DE FRAIS DE SERVICES**

Patent Applicant/Inventor:

MARTIN Pamela R , 125 Crystal River Drive, Lawrenceville, GA 30043, US,  
US (Residence), US (Nationality)  
THOMPSON Brian T, 2398 Cedar Drive, Lawrenceville, GA 30043, US, US  
(Residence), US (Nationality)

Legal Representative:

COLTON Laurence P (agent), Technoprop Colton LLC, P.O. Box 567685,  
Atlanta, GA 31156-7685, US,

Patent and Priority Information (Country, Number, Date):

Patent: WO 200122338 A1 20010329 (WO 0122338)

Application: WO 2000US26285 20000922 (PCT/WO US0026285)

Priority Application: US 99405325 19990924

Parent Application/Grant:

Related by Continuation to: US 99405325 19990924 (CIP)

Designated States: AE AG AL AM AT AU AZ BA BB BG BR BY BZ CA CH CN CR CU CZ

DE DK DM DZ EE ES FI GB GD GE GH GM HR HU ID IL IN IS JP KE KG KP KR KZ

LC LK LR LS LT LU LV MA MD MG MK MN MW MX MZ NO NZ PL PT RO RU SD SE SG

SI SK SL TJ TM TR TT TZ UA UG US UZ VN YU ZA ZW

(EP) AT BE CH CY DE DK ES FI FR GB GR IE IT LU MC NL PT SE

(OA) BF BJ CF CG CI CM GA GN GW ML MR NE SN TD TG

(AP) GH GM KE LS MW MZ SD SL SZ TZ UG ZW

(EA) AM AZ BY KG KZ MD RU TJ TM

Publication Language: English

Filing Language: English

Fulltext Word Count: 4321

**SYSTEM FOR PAYMENT OF SERVICE FEES**

Patent Applicant/Inventor:

Fulltext Availability:  
Detailed Description  
Claims

English Abstract

A system for the payment of **fees** having service providers (14), service receivers (16), and a clearinghouse (12), in which the service...

...clearinghouse (12) to receive services from the service providers (14), the clearinghouse (12) collects plan **fees** from the service receivers (16) and distributes at least a portion of the plan **fees** to the service providers (14) as payment **fees**, and the service receivers (16) receive services from the service providers (14).

Detailed Description

SYSTEM FOR PAYMENT OF SERVICE **FEES**

BACKGROUND OF THE INVENTION

11 Field of the Invention.

This invention relates generally to a system for the payment of service **fees** using a constant payment amount per period of time, and relates more specifically to a system for the payment of professional service **fees** in which subscribers pay a set fee each time period to a central clearinghouse and...

...and have agreed to limit the services provided to the patient or to accept lower **fees** for the same service; and professional service providers who work for the insurance companies themselves...stand-alone payment system allowing for the prepayment of professional services at set costs and **fees**.

Thus it can be seen that there exists a need for a system for the... professional services that allows the professional service provider to establish appropriate

SUBSTITUTE SHEET (RULE 26)

**fees** for each service and to provide the appropriate level of service without having an insurance...industry.

The system is based on the payment of monthly (or any predetermined time period) **fees** by patients 16 to clearinghouse 12 in exchange for the ability to obtain a certain...

...s 14 stated fee for the particular service. Alternatively, the system can provide for reduced **fees** for any services rendered by doctors 14 over and above the quantity of services provided...subscribing doctors for those doctors' normal charges. The plan does not pay nonsubscribing doctors any **fees** for providing services to subscribing patients 16.

Likewise,

SUBSTITUTE SHEET (RULE 26)

the plan does not refund any **fees** to patients 16 who obtain services from non-subscribing doctors. Alternatively, the system can provide...

...evolving. For example, additional services can be added to the plan by doctors 14, monthly **fees** paid by patients 16 can be changed, monthly **fees** paid to doctors 14 can be changed, per visit **fees** can be changed, and doctors 14 can be added or removed from the plan.

Several...agents 22, over the Internet 24, and through credit card organizations 26. For individuals, the **fees** for the plan can be the same as for large organizations. This is because patient 16 selects a particular primary care doctor 16 to whom monthly **fees** are paid by clearinghouse 12 and to whom visitation payments are made by patient 16

...

...24 by completing interactive forms on the plan's website and by charging the plan **fees** to a credit card.

Credit card organizations 26 can offer the plan as a value-added service to credit card holders and the plan **fees** can be charged to patients' credit cards. Credit card organizations 26 will benefit by charging...

SUBSTITUTE SHEET (RULE 26)

services at a particular rate and will not have to reduce **fees** or level of service. Similarly, by limiting the type and quantity of services provided, service:...

#### Claim

I I . A system for the payment of **fees** comprising:

- a. service providers;
  - b. service receivers; and
  - C. a clearinghouse,
- wherein, the service providers...

...subscribe with the clearinghouse to receive services from the service providers, the clearinghouse collects plan **fees** from the service receivers and distributes at least a portion of the plan **fees** to the service providers as payment **fees** , and the service receivers receive services from the service providers.

2 The system characterized in Claim 1, wherein the clearinghouse collects the plan **fees** from the service receivers on a set periodical basis for a set period of time.

3 The system characterized in Claim 2, wherein the clearinghouse distributes the payment **fees** to the service providers on a set periodical basis for a set period of time...

...in combination with an insurance coverage product.

13 A system for the payment of medical **fees** .comprising:

- a. doctors;
- b. patients; and
- C. a clearinghouse,

wherein, the doctors subscribe with the with the clearinghouse to receive medical services from the doctors, the clearinghouse collects plan **fees** from the patients and distributes at least a portion of the plan **fees** to the doctors as payment **fees** , and the patients receive medical services from the doctors.

14 The system characterized in Claim 13, wherein the clearinghouse collects the plan **fees** from the patients on a set periodical basis for a set period of time.

15 The system characterized in Claim 14, wherein the clearinghouse distributes the payment **fees** to the doctors on a set periodical basis for a set period of time.

16...

4/3,K/1 (Item 1 from file: 348)  
DIALOG(R)File 348:EUROPEAN PATENTS  
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01282336

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**SYSTEME DE PAIEMENT DE FRAIS DE SERVICES**  
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INTERNATIONAL PATENT CLASS: G06F-017/60

LANGUAGE (Publication,Procedural,Application): English; English; English

**SYSTEM FOR PAYMENT OF SERVICE FEES**

INVENTOR:

... US)

Thompson, Brian T ...

4/3,K/2 (Item 1 from file: 349)  
DIALOG(R)File 349:PCT FULLTEXT  
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00788822 \*\*Image available\*\*

**SYSTEM FOR PAYMENT OF SERVICE FEES**  
**SYSTEME DE PAIEMENT DE FRAIS DE SERVICES**

Patent Applicant/Inventor:

MARTIN Pamela R, 125 Crystal River Drive, Lawrenceville, GA 30043, US, US  
(Residence), US (Nationality)

THOMPSON Brian T , 2398 Cedar Drive, Lawrenceville, GA 30043, US, US  
(Residence), US (Nationality)

Legal Representative:

COLTON Laurence P (agent), Technoprop Colton LLC, P.O. Box 567685,  
Atlanta, GA 31156-7685, US,

Patent and Priority Information (Country, Number, Date):

Patent: WO 200122338 A1 20010329 (WO 0122338)

Application: WO 2000US26285 20000922 (PCT/WO US0026285)

Priority Application: US 99405325 19990924

Parent Application/Grant:

Related by Continuation to: US 99405325 19990924 (CIP)

Designated States: AE AG AL AM AT AU AZ BA BB BG BR BY BZ CA CH CN CR CU CZ

DE DK DM DZ EE ES FI GB GD GE GH GM HR HU ID IL IN IS JP KE KG KP KR KZ

LC LK LR LS LT LU LV MA MD MG MK MN MW MX MZ NO NZ PL PT RO RU SD SE SG

SI SK SL TJ TM TR TT TZ UA UG US UZ VN YU ZA ZW

(EP) AT BE CH CY DE DK ES FI FR GB GR IE IT LU MC NL PT SE

(OA) BF BJ CF CG CI CM GA GN GW ML MR NE SN TD TG

(AP) GH GM KE LS MW MZ SD SL SZ TZ UG ZW

(EA) AM AZ BY KG KZ MD RU TJ TM

Publication Language: English

Filing Language: English

Fulltext Word Count: 4321

**SYSTEM FOR PAYMENT OF SERVICE FEES**

Patent Applicant/Inventor

... US (Nationality)

THOMPSON Brian T ...

Fulltext Availability:

Detailed Description

Claims

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A system for the payment of **fees** having service providers (14), service receivers (16), and a clearinghouse (12), in which the service...

...clearinghouse (12) to receive services from the service providers (14), the clearinghouse (12) collects plan **fees** from the service receivers (16) and distributes at least a portion of the plan **fees** to the service providers (14) as payment **fees**, and the service receivers (16) receive services from the service providers (14).

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SYSTEM FOR PAYMENT OF SERVICE **FEES**

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11 Field of the Invention.

This invention relates generally to a system for the payment of service **fees** using a constant payment amount per period of time, and relates more specifically to a system for the payment of professional service **fees** in which subscribers pay a set fee each time period to a central clearinghouse and...

...and have agreed to limit the services provided to the patient or to accept lower **fees** for the same service; and professional service providers who work for the insurance companies themselves...stand-alone payment system allowing for the prepayment of professional services at set costs and **fees**.

Thus it can be seen that there exists a need for a system for the... professional services that allows the professional service provider to establish appropriate

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**fees** for each service and to provide the appropriate level of service without having an insurance...industry.

The system is based on the payment of monthly (or any predetermined time period) **fees** by patients 16 to clearinghouse 12 in exchange for the ability to obtain a certain...

...s 14 stated fee for the particular service. Alternatively, the system can provide for reduced **fees** for any services rendered by doctors 14 over and above the quantity of services provided...subscribing doctors for those doctors' normal charges. The plan does not pay nonsubscribing doctors any **fees** for providing services to subscribing patients 16.

Likewise,

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the plan does not refund any **fees** to patients 16 who obtain services from non-subscribing doctors. Alternatively, the system can provide...

...evolving. For example, additional services can be added to the plan by doctors 14, monthly **fees** paid by patients 16 can be changed, monthly **fees** paid to doctors 14 can be changed, per visit **fees** can be changed, and doctors 14 can be added or removed from the plan.

Several...agents 22, over the Internet 24, and through credit card organizations 26. For individuals, the **fees** for the plan can be the same as for large organizations. This is because patient 16 selects a particular primary care doctor 16 to whom monthly **fees** are paid by clearinghouse 12 and to whom visitation payments are made by patient 16



...24 by completing interactive forms on the plan's website and by charging the plan **fees** to a credit card.  
Credit card organizations 26 can offer the plan as a value-added service to credit card holders and the plan **fees** can be charged to patients' credit cards. Credit card organizations 26 will benefit by charging...  
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services at a particular rate and will not have to reduce **fees** or level of service. Similarly, by limiting the type and quantity of services provided, service...

Claim

- I I . A system for the payment of **fees** comprising:
- a. service providers;
  - b. service receivers; and
  - C. a clearinghouse,
- wherein, the service providers...
- ...subscribe with the clearinghouse to receive services from the service providers, the clearinghouse collects plan **fees** from the service receivers and distributes at least a portion of the plan **fees** to the service providers as payment **fees** , and the service receivers receive services from the service providers.
- 2 The system characterized in Claim 1, wherein the clearinghouse collects the plan **fees** from the service receivers on a set periodical basis for a set period of time.
- 3 The system characterized in Claim 2, wherein the clearinghouse distributes the payment **fees** to the service providers on a set periodical basis for a set period of time...
- ...in combination with an insurance coverage product.
- 13 A system for the payment of medical **fees** comprising:
- a. doctors;
  - b. patients; and
  - C. a clearinghouse,
- wherein, the doctors subscribe with the with the clearinghouse to receive medical services from the doctors, the clearinghouse collects plan **fees** from the patients and distributes at least a portion of the plan **fees** to the doctors as payment **fees** , and the patients receive medical services from the doctors.
- 14 The system characterized in Claim 13, wherein the clearinghouse collects the plan **fees** from the patients on a set periodical basis for a set period of time.
- 15 The system characterized in Claim 14, wherein the clearinghouse distributes the payment **fees** to the doctors on a set periodical basis for a set period of time.
- 16...

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TI A **fee collection** mechanism for an oil and hazardous substance pollution liability and compensation fund

AU Christensen, M.; Froehlich, M.

CS US Coast Guard, Washington, DC

SO Papers (Eng) in proceedings volume, conference edition \$30.00, permanent library edition \$40.00: Dr. Raymond D. Harbison, Toxic Substance Control Laboratory, Vanderbilt Medical Center, Nashville, TN 37215..  
Meeting Info.: National Conference and Exhibition on Control of Hazardous Material Spills (802 5063). Louisville, Kentucky. 13-15 May 80. United States Environmental Protection Agency; United States Coast Guard; Vanderbilt University (School of Engineering; School of Medicine).

DT Conference Article

FS DCCP

LA English